

# Edenvale Aged Care Charitable Trust

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## Introduction

This report records the results of a Provisional 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:** Edenvale Aged Care Charitable Trust

**Premises audited:** Edenvale Home & Hospital

**Services audited:** Hospital services - Medical services; Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 13 June 2024 End date: 14 June 2024

**Proposed changes to current services (if any):** This provisional audit was completed to change the Trust's wrongly registered legal name under the Charities Commission from Edenvale Home Trust Board to Edenvale Aged Care Charitable Trust. The trade name remains Edenvale Home and Hospital.

**Total beds occupied across all premises included in the audit on the first day of the audit: 41**

# 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.

## Key to the indicators

## General overview of the audit

Edenvale Home and Hospital (EHH) provides rest home, hospital, and dementia-level care for up to 45 residents. On the first day of the audit, 41 residents were in the facility. The service is owned and operated by a trust board and managed by a general manager with support from the clinical manager, clinical consultant, and nurse educator.

Since the previous audit, the management structure has undergone some significant changes, notably the appointment of a clinical consultant and nurse educator.

This provisional audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). It included review of policies and procedures, review of residents' and staff files, making of observations, and interviewing residents and whānau, governance representatives, staff, and a general practitioner. Residents and whānau were complimentary about the care provided.

This provisional audit was completed to change the Trust's wrongly registered legal name under the Charities Commission from Edenvale Home Trust Board to Edenvale Aged Care Charitable Trust. The trade name remains Edenvale Home and Hospital.

Based on the audit findings, it was identified that improvements are required in the following areas: cultural training, hot water temperature monitoring, interRAI assessments, and an annual review of the infection prevention and control programme.

## **Ō tātou motika | Our rights**

Edenvale Home and Hospital has a Māori and Pacific peoples' health policy in place. The policy outlines the service's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. The service works collaboratively to support and encourage a Māori worldview of health in service delivery. The principles of mana motuhake were observed during service delivery. Staff were observed engaging with residents in a culturally safe way.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents were safe from abuse.

Residents and their whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Consent was obtained where and when required. Advance directives were followed wherever possible.

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

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body is committed to delivering high-quality services in the care delivery process. Consultation with Māori is occurring at the service level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities. As there is no change of ownership, there are no changes to the management and governance body.

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

There is an established quality and risk management system focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated.

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

An integrated approach includes collecting and analysing quality improvement data, identifying trends leading to improvements, and benchmarking data.

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

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

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The entry-to-service process is efficiently managed by the general manager and the clinical manager. Residents' assessments and care plans were completed by suitably qualified personnel. The service works in partnership with the residents and their whānau or Enduring Power of Attorney (EPOA) to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services and to other health services as required. Transfers to other health care services and discharges are managed in an appropriate manner to allow residents' safety and continuity of care.

The service provides planned activities that meet the needs and interests of the residents, as individuals and in group settings. Activities plans were completed in consultation with residents and whānau. The planned activity programme promoted residents to maintain their links with the community. Residents and whānau expressed satisfaction with the activities programme in place.

An electronic medicine management system is utilised. Policies and procedures describe medication management that aligns with accepted guidelines. Staff responsible for medication administration had completed annual competencies and education.

The food service met the nutritional needs of the residents, with special needs and menu options specific to te ao Māori catered for. Food was safely managed. Residents verified satisfaction with meals. A current food control plan was available.

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

Edenvale Home and Hospital met residents' needs and was clean and maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas are accessible and safe. External areas have shade and seating provided and meet the needs of people with disabilities.

Staff are trained in 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 staff response to call bells. Security was maintained.

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

The clinical manager oversees the implementation of the infection prevention programme, which is linked to the quality management system. Significant infection events were reported to the governing body.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. Specialist infection prevention advice is accessed when needed. A pandemic plan and outbreak management plan were available.

Staff understood the principles and practices of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste was managed appropriately. There were safe and effective laundry services.

The antimicrobial stewardship programme guides the use of antimicrobials, and occurrences of adverse effects are monitored. Surveillance of health care-associated infections was undertaken, with results shared with staff and the governance body. Follow-up action was taken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

## **Here taratahi | Restraint and seclusion**

Policies and procedures are in place that promote eliminating restraint use. The governing body and policies and procedures support this. No residents were using restraints at the time of the audit. Should restraint use be required in the future, a comprehensive assessment, approval and monitoring process with regular reviews is in place. A suitably qualified restraint coordinator leads the process.

The staff interviewed demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## 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	22	0	4	1	0	0
Criteria	0	164	0	4	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Edenvale Home and Hospital 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. The cultural policy describes tikanga, and guides staff in the delivery of services and Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in the service.</p> <p>A cultural services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific people’s health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>Mana motuhake is respected. The general manager (GM) reported that if the resident preferred any homeopathic remedies, their preferences would be respected, and the general practitioner (GP) would be involved.</p> <p>Staff, management and governance have not yet completed Te Tiriti o Waitangi training (Refer to criteria 1.4.5 and 2.1.10). Staff reported, and meeting minutes sighted, evidenced that cultural events such as Matariki, Māori Language Week, and ANZAC day are celebrated. The GM and clinical manager (CM) reported that the Chaplin provides</p>



		<p>devotional services weekly.</p> <p>There were residents who identified as Māori, but no staff who identified as Māori. The GM reported that support would be provided in accordance with the residents' individual needs and the documented needs assessment. The whānau would be involved.</p> <p>A Māori health care plan has been developed with input from cultural advisors. Residents are involved in providing input into their care planning, activities, and dietary needs. The care plans include the physical, spiritual, whānau, and psychological health of the residents.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</p> <p>Partnerships and connections with local Māori organisations outside the service have been established with local Māori agencies.</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>Policies and procedures guide staff in caring for Pacific peoples. The provision of equitable services is underpinned by the Pacific peoples' worldview policy. Expert advice is sought from the resident, whānau, and/or community. A church minister is available to bless residents and rooms as needed.</p> <p>Cultural assessments and care plans for residents of each Pacific descent were available to implement. Models of care for each were clearly documented and implemented. There were residents and staff who identified as Pasifika on the day of the audit.</p> <p>Residents admitted who identify as Pasifika are encouraged to participate in cultural activities in the community, and community groups are invited to share their culture and knowledge with the care home. Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. The whānau of any resident who identifies as Pasifika are consulted to ensure any individual needs and supports for the resident are</p>

		identified and met.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received training on the Code as part of the orientation process and in ongoing mandatory training sessions, as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted on notice boards around the facility. Information on advocacy services and the Code was given to residents as part of the admission documents.</p> <p>Residents, whānau, and EPOAs confirmed being made aware of residents' rights and advocacy services during the admission process, and with these explained by staff on admission. Residents and whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori mana motuhake is recognised in practice. A Māori health care plan is utilised for residents who identify as Māori, to ensure residents' preferences and cultural needs are identified and care planned for. Care plans were developed in consultation with residents, whānau and EPOAs for residents in the dementia unit to ensure individual wishes and support needs are identified. Independent advocacy support can be accessed when required.</p> <p>The governing body knew and understood the Code and their responsibilities as a provider of health and disability services, evidenced through interview.</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>	PA Low	<p>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the admission assessment process. Staff were observed respecting residents' personal areas and privacy by knocking on the doors. Privacy was provided for personal cares. Residents were supported to maintain as much independence as possible, as verified by residents in interviews.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the</p>

		<p>organisation and incorporated in all activities. Tāngata whaikaha needs are responded to as assessed. Residents were supported to participate in te ao Māori where applicable. Te reo Māori words were posted around the facility. Whānau for residents who identified as Māori confirmed satisfaction with the consultation process during assessment and care planning. The residents who identified as Māori at the time of the audit chose not to participate in cultural activities, as reported by their EPOAs.</p> <p>Staff education on Te Tiriti o Waitangi was scheduled for January 2024; however, the training is yet to be completed.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. 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>	FA	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation, and systemic and institutional racism include the complaints management process and meetings with residents and whānau. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and/or exploitation.</p> <p>Residents' property is labelled on admission, and residents are encouraged to deposit their money in the comfort account managed by the administrator. Residents, whānau, EPOAs and staff confirmed that they have not witnessed any abuse or neglect.</p> <p>Te Whare Tapa Whā model of care is utilised to ensure wellbeing outcomes for Māori.</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>	FA	<p>Information is provided to residents, whānau and Enduring Power of Attorney (EPOA) in written format and verbally so that it is easy for them to understand. Opportunities to discuss any concerns they may have and make decisions have been provided either during admission</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>or whenever required. Residents, whānau and EPOAs stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and whānau was mainly in English, but it can be provided in other languages upon request. Interpreter services are engaged when required. Whānau support Māori residents with an interpretation where appropriate, and a cultural advisor can be contacted if required.</p> <p>Residents, whānau and EPOAs stated that staff were approachable and responsive to requests in a sensitive manner. A record of phone or email contact with whānau and EPOAs was maintained. Communication strategies to support non-verbal residents were documented and observed to be effectively implemented by staff during the audit.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents, whānau and EPOAs were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. All residents in the dementia unit had an enacted EPOA.</p> <p>Appropriate best practice tikanga guidelines regarding consent were followed. The staff interviewed understood the principles and practice of informed consent. Informed consent was obtained as part of the admission documents. Informed consent for specific procedures had been gained appropriately.</p> <p>Resuscitation treatment plans were in place and advance directives where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents were supported by whānau, and support advocacy services were accessed when required. Communication records verified the inclusion of support people where applicable.</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>Edenvale Home and Hospital's complaints register was viewed, and there was one complaint logged in the register for 2023 and none in 2024 (year to date) since the last audit. The complaint reviewed included acknowledgement, investigation, follow-up, and replies to the complainant. There were no trends identified and the complaint was closed as resolved to the satisfaction of the complainant. The service has a current complaints policy. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy is in line with, and reflects, the principles of the Code. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner, ensuring that an individual's dignity, including values and beliefs, is protected. There were no external complaints received.</p> <p>An interview with the GM and staff evidenced that complaint forms and information about the advocacy service are available within the facility. Residents and whānau are aware of their rights to complain, and Consumer Code of Rights posters were sighted in the publicly accessible areas of the facility.</p> <p>All residents and whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed that they would document a complaint for anyone who had difficulty doing this or support the resident or family in accessing independent advocacy services. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</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</p>	<p>PA Low</p>	<p>The governing body of Edenvale Home and Hospital assumes accountability for delivering a high-quality service by supporting the meaningful inclusion of Māori and Pasifika in the governance group, thus honouring Te Tiriti and being focused on improving outcomes for</p>

<p>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>Māori, Pasifika, and tāngata whaikaha. The board member reported that they are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at the service and governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi; however, training has not yet occurred since the last audit.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control). The service continues to work towards recruiting Māori and additional Pasifika staff. The needs of young people with disabilities are reflected in organizational documents, policies, and procedures.</p> <p>The annual plan (2024) outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan supports improving equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business and quality plans and staff training. Ethnicity data is being collected to support equity.</p> <p>Edenvale Home and Hospital has a board of trustees that meet every 2 months. There are six board members. Board members have a mix of skills, including accountancy, human resource management, media and engineering. The board demonstrated responsible governance and remains close to service delivery by supporting and providing additional activities. The GM reports to the board of trustees formally every 2 months and weekly/fortnightly between board meetings. Monthly managers’ reports to the board showed adequate information to monitor performance is reported, including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management, and financial performance. Board meeting minutes were sighted.</p> <p>Governance and the senior leadership team are committed to quality and risk through policy, processes, and feedback mechanisms. This includes receiving regular information from the general manager. The clinical governance group is appropriate to the organisation’s size and</p>
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		<p>complexity.</p> <p>The GM confirmed knowledge of the sector and regulatory and reporting requirements and maintains currency within the field. The service is managed by the GM, who has experience in operations management, a master's degree in business administration, and is a qualified life coach. The GM is supported by the CM, a clinical consultant, a nurse educator, and the office administrator.</p> <p>The service holds age-related contracts with Te Whatu Ora Te Toka Tumai Auckland for rest home, hospital and dementia care for up to 45 residents. Four rooms allow couples to share a room. Contracts are also held with Manatū Hauora for young people with disabilities (YPD) and long-term support - chronic health conditions (LTS-CHC).</p> <p>Forty-one residents were receiving services under the contracts on the day of the audit. There were nine rest home residents, including one YPD resident. Twenty hospital residents were receiving care. There were 12 residents in the dementia wing at the time of the audit. Twenty-nine beds are certified as dual-purpose beds for rest home or hospital-level care.</p> <p>This provisional audit was completed to change the Trust's wrongly registered legal name under the Charities Commission from Edenvale Home Trust Board to Edenvale Aged Care Charitable Trust. The trade name remains Edenvale Home and Hospital. As there is no change of ownership, there is no change to staffing and the governing body.</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</p>	<p>FA</p>	<p>Edenvale Home and Hospital has a range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, quality improvement policy, health and safety strategy, and critical incident/accident/sentinel event policy. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at the facility level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>Residents' (including YPDs), whānau, and staff contribution to quality improvement occurs through staff meetings, resident meetings, newsletters and compliments.</p> <p>The outcomes from the resident satisfaction survey conducted in May 2024 were favourable. Minimal corrective actions were identified, and these have been implemented. An external consultant has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard.</p> <p>The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. The GM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and the development of mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner.</p> <p>The GM, CM, and clinical consultant understood and complied with essential notification reporting requirements. Since the last audit, section 31 notifications related to RN shortages were reported to the Ministry of Health, and notifications to Public Health about the COVID-19 outbreaks have been completed.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. However, staff and management have not completed cultural safety training (Refer to 1.4.5 and 2.1.10).</p> <p>The management reported that collecting, collating, and reviewing residents' ethnicity data and staff to improve health equity through critical analysis of data and organisational practises, is being</p>
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		<p>implemented.</p> <p>The quality plan, policies and procedures remain the same, and management is aware of the reporting requirements.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported adequate staff to complete the work allocated to them. The residents and whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced health care assistants, with support from the clinical and management team.</p> <p>The GM works 40 hours a week from 8am - 4pm, Monday to Friday, and is available on-call 24/7, supported by the clinical team. Staff maintain current first aid certificates, so there is always a first aider on site.</p> <p>Continuing education is planned annually, including mandatory training requirements. Attendance records showed evidence of regular education provided to staff.</p> <p>Related competencies are assessed and support equitable service delivery. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff reported that they had completed the required dementia units. The nurse educator reported that 16 staff working in the dementia care area have either completed or are currently enrolled in the required education.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well-supported and safe in the workplace. The GM reported the model of care ensured that all residents were treated equitably. Cultural training was not completed by staff, management, and the board (Refer to 1.4.5 and 2.1.10).</p> <p>The provider's environment encourages the collection and sharing of</p>

		<p>quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>As there is no change of ownership, there is no change to staffing.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Seven staff files were reviewed.</p> <p>Records were kept confirming that all regulated staff and contracted providers had proof of current membership with their regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, Pharmacy Council NZ, and other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place, and this is reported to the board at board meetings. Following incidents, the GM, CM, clinical consultants, and the board are available for any required debriefing and discussion. Staff have access to the Employee Assistance Programme if required.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated and legible and met current</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely onsite and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic records, medication management system, and interRAI assessment tool. The visiting general practitioner (GP), nurse practitioner (NP) and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The GM reported that staff have their own logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The GM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Edenvale Home and Hospital is not responsible for the National Health Index registration of people receiving services.</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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Prospective residents or their whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. EPOAs for residents in the dementia unit gave consent for admission.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. A record of enquiries and those declined entry was maintained. Routine analysis of entry and decline rates, including specific data for Māori, is completed quarterly. Māori cultural advice was provided by a kaumatua from the local marae. Links with Māori communities and organisations have been established for the benefit of Māori residents</p>

		<p>and whānau.</p> <p>Residents and whānau interviewed stated they were satisfied with the admission process and the information provided to them. The files reviewed met contractual requirements.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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>PA Low</p>	<p>The registered nurses (RNs) complete the admission assessments, including interRAI assessments, development of long-term care plans and care plan evaluation. Some initial interRAI assessments and initial long-term care plans were not completed in a timely manner; refer to criterion 3.2.1. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Assessment outcome scores served as a basis for care planning. Tāngata whaikaha and whānau are involved in the care planning process to ensure their choices and wishes are respected.</p> <p>Te Whare Tapa Whā model of care is utilised to ensure tikanga, and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own needs where applicable. Māori healing methodologies, such as karakia, rongoā and mirimiri are considered. The service enables accessible services by encouraging whānau engagement and ensuring cultural support and advocacy services can be accessed when required.</p> <p>The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the resident's independence and well-being were documented. Early warning signs and risks that may affect a resident's well-being were identified, where applicable. Behaviour management plans were completed, with identified triggers and strategies to manage the identified behaviours documented. Behaviour monitoring charts were completed for identified behaviours of concern. Whānau goals and aspirations identified were documented in the care plan where applicable.</p> <p>Service integration with other health providers and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the GP and NP. Residents were referred to relevant specialist services as indicated. This was verified in records</p>

		<p>reviewed and in interviews with residents. The interviewed GP confirmed satisfaction with the care provided.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Routine six-monthly interRAI assessments and care plan evaluations were completed in a timely manner. Evaluation of care included the residents' degree of progress towards the achievement of agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations and interviews verified that the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents' whānau confirmed being involved in the evaluation of progress and any resulting changes.</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>The activities programme is overseen by a registered diversional therapist who is supported by one activities coordinator who is undergoing diversional therapy training. Monthly and weekly activities calendars were posted on notice boards around the facility. Activities on the programme reflected residents' goals, ordinary patterns of life, strengths, skills, interests, and included normal community activities.</p> <p>Residents were supported to access community events and activities where possible. Individual and group activities and regular events are offered. There is a wide variety of activities offered. Opportunities for Māori residents to participate in te ao Māori include celebration of Waitangi Day and Matariki Day, with a brief history of Te Tiriti o Waitangi discussed with residents and Māori music played. Māori Language Week was celebrated. Residents can go on outings with their families as desired. This was observed on the days of the audit.</p> <p>Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there was a significant change in the resident's ability. Residents were involved in evaluating and improving the programme in residents' meetings and during six-monthly care plan evaluation meetings with</p>

		<p>residents and their families. Residents confirmed they found the programme meets their needs.</p> <p>Activities for residents in the dementia unit were structured to meet the residents' needs, and the DT stated that these can be changed when required. Residents were observed participating in a variety of activities on the days of the audit. Twenty-four-hour activity plans were completed for residents in the dementia unit. Residents can freely access the secure gardens. This was observed on the days of the audit. Interviewed residents' whānau confirmed they find the programme satisfactory.</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>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. An HCA was observed administering medicine correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicine had a current medication administration competency.</p> <p>The prescribing practices met the standard requirements. Over-the-counter medicine and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were recorded on the resident's chart where applicable. The three-monthly medication reviews were consistently completed. Standing orders were available, and appropriate processes were followed to ensure safety.</p> <p>Medicine is supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks had been completed. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medicine room sampled were within the</p>

		<p>recommended range. Residents and their whānau are supported to understand their medicine when required. The GP stated that, when requested by Māori, appropriate support and advice would be provided.</p> <p>There were no residents who were self-administering medicine at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner when required.</p> <p>The implemented process for analysis of medication errors is comprehensive, and corrective actions are implemented as required. Regular medication management audits were completed, and corrective actions were implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and whānau. The assessment identifies residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements were accommodated in daily meal plans.</p> <p>The food services are provided by an external provider. Food is prepared onsite. Kitchen staff have received the required food safety training. The menu followed summer and winter patterns in a four-week cycle and was reviewed by a registered dietitian on 7 March 2023. Meals were served in respective dining rooms, and residents who chose not to go to the dining room for meals had meals delivered to their rooms. Culturally specific te ao Māori food options were on the current menu.</p> <p>The service operates with an approved food control plan and registration issued by the Ministry for Primary Industries. The food safety plan will expire on 7 April 2025.</p> <p>Snacks and drinks were provided to residents 24 hours a day. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals unhurriedly. Residents expressed satisfaction with the variety of the meals, and they stated that alternative food options are offered per</p>

		request.
<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>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau or EPOA. A documented policy was available to guide care. Residents' whānau and EPOAs for residents in the dementia unit reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer or discharge were documented in the documents reviewed and the residents' progress notes.</p> <p>Residents are advised of their options to access other health and disability services and Kaupapa Māori agencies where indicated or requested.</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>	PA Moderate	<p>The building has a current building warrant of fitness that expires on 22 April 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside in the lounges, dining rooms and outside on the open deck areas.</p> <p>The planned maintenance schedule included electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. The maintenance officers and certified tradespeople carry out reactive maintenance where required. There is a contracted gardener who works two to three days a week. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>The service is divided into four wings: C Wing has nine ensuites,</p>



		<p>including two rooms sharing a bathroom and toilet; E Wing has six studio apartments; D Wing has 13 rooms, including 10 single rooms with ensuites and three rooms without ensuites. Three rooms in the D Wing have overhead ceiling hoists. Four double rooms allowed couple occupancy but had single occupancy.</p> <p>The dementia wing is secure and has 12 beds, a lounge and dining room area, two communal bathrooms with showers, toilets, and hand basins, adequate storage space, a secure walking courtyard with a seating bench, a covered outside area where residents and whānau can sit, and one sluice room. There is adequate space for residents to wander. The secure dementia unit has a large, enclosed walking courtyard and garden area where residents can mobilise freely.</p> <p>All shared rooms have dividing curtains to maintain privacy. Shared rooms, shower rooms, and toilets are suitable sizes to accommodate mobility equipment.</p> <p>There are other toilets available for staff and visitors. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility, and staff assisted them when required.</p> <p>Residents' rooms are personalised according to their preferences. All rooms have external windows to provide natural light and appropriate ventilation and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There were no residents who smoked on the audit days.</p> <p>The GM reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>As there is no change of ownership, there are no plans for immediate</p>
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		<p>environmental changes.</p> <p>An improvement is required to ensure hot water temperature is monitored regularly as per legislation requirements.</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 policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guidelines direct the facility in its preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place has been approved by the Fire and Emergency New Zealand (FENZ) and was current. A trial evacuation drill was performed on 3 April 2024. The drills are conducted every six months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, and a gas BBQ to meet the requirements for 45 residents, including rostered staff. The amount of emergency water available met The National Emergency Management Agency recommendations for the region. There is no generator on site, but one can be hired from an approved external provider. Emergency lighting is available and is regularly tested. Registered nurses, activities staff and team leaders hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Residents and whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings. Whānau and residents knew the</p>

		<p>process of alerting staff when they needed access to the facility after hours. There is a closed-circuit television and video (CCTV) system monitoring the entrance, garden areas and communal areas. CCTV signage was displayed around the facility.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p><b>Subsection 5.1: Governance</b></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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. The IP and AMS programmes have been approved by the governing body, are linked to the quality improvement system and health and safety. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, any issues and/or significant events to the governing body.</p> <p>An emergency plan has been documented and reviewed. Sufficient resources and personal protective equipment (PPE) are readily available and accessible to staff. All staff, residents, and whānau have received training and updates on managing the current pandemic. Training records are well maintained.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></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>	PA Low	<p>The clinical manager is the nominated infection prevention coordinator (IPC) who oversees the implementation of the infection prevention (IP) programme. The infection prevention coordinator's role, responsibilities and reporting requirements are defined in the infection prevention coordinator's job description. The IPC has completed external education on infection prevention within the past two years. They have access to shared clinical records and diagnostic results of residents. The IP programme was overdue for annual review.</p> <p>The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IP policies reflect the requirements of this standard and include</p>

		<p>appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. There were sufficient IP resources, including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan.</p> <p>The IPC has input into other related clinical policies that impact health care-associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified and through infection prevention information posted around the facility.</p> <p>The IPC is responsible for procurement of the required equipment, devices and consumables through approved suppliers. The IPC would be involved in the consultation process for any proposed design of any new building, or when significant changes are proposed to the existing facility. This has not been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on the manufacturer's recommendation and best practice guidelines. Single-use medical devices were not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Appropriate infection control practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility. Māori cultural needs are assessed during admission to ensure culturally safe IP practices are protected and to acknowledge the spirit of Te Tiriti.</p> <p>Educational resources in te reo Māori were available. Residents expressed satisfaction with the information provided.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The implemented antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the service. It was developed using evidence-based

<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>		<p>antimicrobial prescribing guidance and expertise and was approved by the governing body. The AMS programme in place aims to promote appropriate antimicrobial use and minimise harm.</p> <p>The antimicrobial prescribing policy guides prescribing practices and complies with evidence-informed practice. Antibiotic use is monitored and analysed monthly.</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 for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools and standardised surveillance definitions were used to collect infection data. Infection data was collected, monitored and reviewed monthly. The data was collated and analysed, and action plans were implemented. Ethnicity was included in the surveillance data.</p> <p>Infection prevention audits were completed, with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports, as confirmed in interviews with staff. Infection results were reported back to the governing body in a timely manner. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and whānau. Three Covid-19 outbreaks were reported since the previous audit and appropriate notification was completed.</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</p>	FA	<p>There are documented processes for the management of waste and hazardous substances to protect staff and visitors. Domestic waste is removed as per local authority requirements. Cleaning services are provided by an external cleaning services provider. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room. Cleaning products were in labelled bottles. Cleaners ensured that the trolleys were safely</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>stored in the cleaners' room when not in use. There was enough PPE available, which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The laundry staff have received chemical safety training. All laundry is laundered onsite. In the laundry, there is a clear separation between handling and storage of clean and dirty laundry. The effectiveness of cleaning and laundry processes was monitored by the internal audit programme. Residents confirmed satisfaction with the cleaning and laundry processes.</p> <p>The clinical consultant has oversight of the facility testing and monitoring programme for the built environment.</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 service has a current restraint policy and aims to maintain a restraint-free environment. The governance body demonstrated a commitment to this, supported by the management team. At the time of the audit, no resident was using a restraint. Documentation confirmed that restraint was discussed at staff meetings, reported in the quarterly clinical risk management report, and presented to the board.</p> <p>The policies and procedures reviewed meet the standards' requirements. The clinical consultant is the restraint coordinator who provides support and oversight should restraint be required in the future. The role is outlined in the job description. As part of the education programme, staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The approval for any use of restraint in the first instance would be put forward to the restraint approval group, which includes the clinical team. The clinical team meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the</p>

		<p>correct equipment was used.</p> <p>Restraint protocols are covered in the facility's orientation programme and included in the education programme (which includes annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>All staff have completed annual training around de-escalation and management of challenging behaviour in the last year.</p> <p>As there is no change of ownership, the current governance body and management team are aware regarding restraint elimination.</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 1.4.5</p> <p>Services shall ensure health care and support workers receive Te Tiriti o Waitangi training and that this is reflected in day-to-day service delivery.</p>	PA Low	Principles of Te Tiriti o Waitangi are incorporated in service delivery. Interviewed staff understood the Māori cultural customs and protocols to be considered during care. However, staff training on Te Tiriti o Waitangi is yet to be completed.	Staff training on Te Tiriti o Waitangi is not yet completed.	<p>Ensure staff training on Te Tiriti o Waitangi is completed for all staff.</p> <p>180 days</p>
<p>Criterion 2.1.10</p> <p>Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>	PA Low	The service has a cultural safety policy in place. Te Whare Tapa Whā model of care is implemented for all residents. The service can access Māori cultural advice and support when required. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi; however, training has not yet occurred since the last audit.	Management and the board members have not yet had training in Te Tiriti and health equity.	<p>Ensure the board and management have Te Tiriti and health equity training as per standard requirements.</p> <p>180 days</p>



<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>InterRAI assessments and long-term care plans were developed in consultation with residents and their whānau, with the resident's consent. EPOAs for residents in the dementia unit consented to the assessment and care planning process. Some initial interRAI assessments were not completed within three weeks of admission. Residents' care was guided by the nursing assessments completed on admission and initial care plans. Staff regularly document the residents' progress notes in each shift. The clinical manager and the nursing team were aware of the untimely completion of initial interRAI assessments. The clinical manager stated that there are now three interRAI-trained RNs, and they are adequately staffed to complete the assessments in a timely manner. Interviewed residents, whānau and observations verified that residents were receiving appropriate care to meet their needs.</p>	<p>Initial interRAI assessments were not completed in a timely manner in three of seven residents' files sampled for review.</p>	<p>Ensure all assessments are completed in a timely manner to meet the contractual and criterion requirements.</p> <p>180 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>The two maintenance officers are responsible for all maintenance issues, including checking and monitoring of hot water temperatures. The clinical consultant was overseeing the whole internal audit programme. However, there were no records to verify hot water temperature checks were being completed.</p>	<p>Hot water temperature monitoring is not undertaken, recorded, and monitored as per legislation requirements.</p>	<p>Ensure hot water temperatures are regularly recorded and corrective actions implemented.</p> <p>90 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP</p>	<p>PA Low</p>	<p>The IP programme implemented is clearly defined and documented. It was developed by an external provider with IP expertise and was approved by the governance body. The IP programme is linked to the quality improvement programme. There was no evidence of an</p>	<p>The IP programme was not reviewed annually as per organisational IP programme requirements and</p>	<p>Ensure the IP programme is reviewed annually to meet the criterion requirements.</p>

<p>expertise;  (b) Approved by the governance body;  (c) Linked to the quality improvement programme; and  (d) Reviewed and reported on annually.</p>		<p>annual review of the IP programme.</p>	<p>criterion requirements.</p>	<p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.