

Glenhays Limited - Southanjer

Introduction

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

The audit has been conducted by 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: Glenhays Limited

Premises audited: Southanjer

Services audited: Dementia care

Dates of audit: Start date: 20 May 2024 End date: 20 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: 22

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
	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
	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

Glenhays Limited runs Southanjer, a dementia care facility for up to 24 residents on the outskirts of Oamaru in North Otago.

This surveillance audit process included review of policies and procedures, residents' and staff files, observations and interviews with residents, whānau/family members, a member of the governance group (who is both one of the owners and facility manager), staff members and a general practitioner.

As a result of this audit, an improvement is required to address some aspects of medicine management. There were no findings from the provider's previous certification audit in 2022.

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.
---	--	--

Southanjer works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

There are systems to provide Pacific peoples with services that recognise their worldviews and are culturally safe.

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, and residents are safe from abuse.

Complaints are resolved promptly, equitably and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
---	--	--

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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

Southanjer Rest Home adopts a person-centred and whānau-centred approach to care, providing relevant information to potential residents and their families/whānau.

The service collaborates with residents and their families/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information. Reviewed files showed that care met the needs of residents and whānau and was completed promptly.

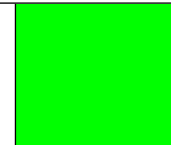
Medicines were managed and administered safely by competent staff.

The food service meets the nutritional needs of residents, accommodating special cultural requirements. Food was managed safely.

Residents are referred or transferred to other health services as needed.

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

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

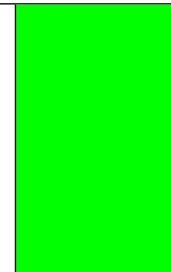


Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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 governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

Staff education occurs and staff demonstrated good principles and practice around infection control.

Infection surveillance is undertaken with follow-up action taken as required.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no restraints being used for residents at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Southanjer has policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with Te Runanga o Moeraki in North Otago, to support service integration, planning, equity approaches, and support for Māori.</p> <p>There were no Māori residents at the time of audit. Satisfaction surveys completed in 2023 and 2024 confirmed that residents and/or their families felt culturally safe. A small number of staff members identify as Māori.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>Southanjer has policies and procedures which enable staff members to provide services that are underpinned by Pacific worldviews.</p> <p>There are five Pasifika staff who work at Southanjer. They also work at the companion facility Northanjer, a rest home located in Oamaru. On the day of the audit there were no Pasifika residents living at Southanjer. However, an example of culturally appropriate support given to a recent Pasifika resident of Southanjer was described.</p>

Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. A copy of the Code is given to all residents on admission. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and residents are provided with opportunities to discuss and clarify their rights during resident and family / whānau meetings.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff were well-versed in the service's policy on abuse and neglect and knew the appropriate actions to take if any signs were detected. Annual training on abuse and neglect is conducted. The audit, which included staff and resident interviews as well as a review of documentation, found no instances of discrimination, coercion or harassment.</p> <p>Residents and family/whānau interviewed stated that personal property is respected, and that staff maintain professional boundaries.</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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed felt empowered to actively participate in decision-making. Whānau were included in decision-making with the consent of the resident.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Staff were observed to gain verbal consent for day-to-day cares and documented written consent was sighted in all files reviewed.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements, and processes for residents unable to</p>

<p>to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>consent were documented, as relevant, in the resident's record.</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. 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. The process meets the requirements of the Code. Residents and families/whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The service has the process to ensure that complaints are managed equitably for Māori.</p> <p>There have been no complaints received from external agencies since the previous audit. There have been 12 complaints lodged since the last audit, but none of these were formal complaints from residents or families. All complaints were resolved in a timely manner, action was taken for any required follow up and no trends were identified. Those staff interviewed during the audit reported their satisfaction with the workplace and with their employment at Southanjer.</p> <p>A process to address informal issues raised by residents, families and whānau was seen in the responses to some satisfaction survey respondents. In a small number of cases, responses noted dissatisfaction with a question and all of these were followed up with a resolution of the respondent's feedback. None led to a formal complaint.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>The governing body, the members of which are all shareholders of Glenhays Limited, assumes accountability for delivering a high-quality service to residents and their family/whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team, referred to as the general committee, and the governance board. External advice is sought as needed.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular monthly</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>reporting. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and through interview with the facility manager (FM) who is a qualified physiotherapist and who maintains their practicing certificate.</p> <p>A commitment to the quality and risk management system was evident in the documents reviewed, the systems observed and confirmed by interview with staff members. The FM represented the governance group. Reports were reviewed from the general committee, which is a leadership team of senior staff from Southanjer and its 'sister' facility, Northanjer. The FM leads this committee. These reports, and those of the FM to the governance board, demonstrated that the rest of the board are well informed on progress and risks.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting on resident safety and clinical indicators.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Southern (Te Whatu Ora Southern) for the provision of dementia care and respite dementia level care. It also holds a contract for respite care. On the day of the audit, 22 residents were receiving services: 21 under the Te Whatu Ora Southern contract for dementia care, and one under a Carer Support contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and accidents, and complaints, internal audit activities, a regular resident satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Annual resident/family/whānau satisfaction surveys have been completed. The results for the 2023 and 2024 surveys were reviewed, with 18 and 16 respondents for each respectively. Overall respondents were satisfied with the services provided in all areas covered: privacy, dignity, rights (including cultural needs), food, cleanliness (including laundry), maintenance and response to Covid-19.</p> <p>Where any trends were identified in internal audits, data or in response to complaints, relevant corrective actions were developed and implemented.</p>

		<p>Progress against quality outcomes was evaluated annually.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register was sighted and had been reviewed at the recent general committee meeting on 16 May 2024, which covers both facilities.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The FM understood and has complied with essential notification reporting requirements. A sample of these was seen.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Southanjer adjusts staffing levels to meet the changing needs of residents.</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. There is an interRAI trained RN working part time during the week and 24-hour nursing cover available as per an on-call roster. The Facility Manager lives on-site and is available as required.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff interviewed (five)</p>

		<p>felt well supported with development opportunities. This included staff members working across the facility.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Southern. This included a range of Level 2, 3 and 4 NZQA certificates relevant to aged care services. Care staff working at Southanjer (20) have either completed (16) or are enrolled in (4) the required education specific to dementia.</p> <p>The diversional therapist is qualified (practicing certificate sighted and current) and has also completed the Level 4 dementia unit standards and a Level 3 qualification in aged care services. The registered nurse (RN) also confirmed that they are supported to maintain their practicing certificate, complete required learning and any additional topics of interest. Review of both service providers' files confirmed their ongoing training requirements are being met.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed (seven) confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable).</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	FA	<p>The multidisciplinary team collaborates with residents and their families/whānau to support overall wellbeing. A registered nurse develops a care plan after an initial assessment, considering the individual's lived experience, cultural needs, values, and beliefs. This plan integrates with</p>

<p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>wider services, as necessary.</p> <p>A social profile and life history document residents' interests and personal backgrounds. Activity needs are thoroughly documented with regular reviews and updates reflecting personal activity preferences. An interim care plan is completed upon admission to guide care during the assessment process. InterRAI assessments are conducted within three weeks of admission and at least every six months thereafter. Early warning signs and risks are recorded, with a focus on prevention or escalation for appropriate interventions.</p> <p>Long-term care planning involves strategies to address cultural, spiritual, and physical needs, while promoting independence and well-being. Care plans also include interventions for managing challenging behaviours. Nurses conduct evaluations every six months to ensure care plan interventions and goals are met, with additional evaluations performed when there are significant changes in the resident's health.</p> <p>The timeframes for initial assessments, medical assessments, initial care plans, long-term care plans, and reviews meet contractual and policy requirements.</p> <p>Staff understood principles to support Māori and whānau in identifying their own pae ora outcomes in their care plans, as confirmed by interviews with clinical staff, residents, and whānau.</p> <p>Adequate and suitable equipment, such as pressure-relieving devices and mobility aids, are available to meet residents' needs.</p> <p>Falls, wounds, and infections are effectively managed and reported appropriately. Residents and family/whānau expressed satisfaction with the level of communication from staff and their responsiveness when needed. Examples of choices and control over service delivery were discussed with staff and residents. The GP interviewed reported that care is of an acceptable standard, that nurses promptly identify changes in residents' conditions, and that the doctor is called appropriately.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a</p>	<p>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was</p>

<p>safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>observed on the day of audit.</p> <p>All staff who administer medicines were competent to perform their role, including the safe receiving, storage, administration, monitoring, safe disposal and returning of drugs to pharmacy.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medications were stored safely, including controlled drugs. Medicines were stored within the recommended temperature range with good understanding from the registered nurse on how to respond to temperature variances. However, not all medications were appropriately labelled; refer criterion 3.4.3.</p> <p>Medicine-related allergies or sensitivities were recorded clearly, and any adverse events were reported and responded to appropriately.</p> <p>Prescribing practices met requirements, including consideration of over the counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is not currently used in the facility; however, the registered nurse was able to describe how this is safely managed.</p> <p>Residents and their family/whānau are supported to understand their medications. Partnerships with local Māori providers are in place to support Māori residents who wish to access traditional Māori medicines if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, 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>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian and residents were seen enjoying their meal, with positive feedback on menu choice and food quality.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, allergies, any special diets, and modified texture requirements are made known to the kitchen and accommodated in the</p>

		<p>daily meal plan. Cultural preferences are accommodated and provided in consultation with individual residents. Food/snacks are available 24/7.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, and satisfaction surveys. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. File review confirmed documentation and transfer of information when a resident is transferred to hospital.</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>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness (expiry 9 April 2025), electrical and bio-medical testing, and fire evacuation training every six months.</p> <p>Residents and whānau interviewed during the audit were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</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 coordinator (IPCC) is responsible for overseeing and implementing the IP programme. The programme is approved by the governing body and linked to the quality assurance programme. There is a satisfactory infection prevention programme in place that is reviewed annually with a suite of relevant policies. This has been developed by an outside person with relevant IP expertise. IP policies include an outbreak management plan and testing procedure. The plan has been tested during previous infectious outbreaks and found to be satisfactory. There are sufficient resources available, including personal protective equipment (PPE).</p> <p>Infection prevention education is coordinated by the IPCC and was documented clearly in the annual education plan and attendance sheets. Staff complete IP education during orientation.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The surveillance of health care-associated infections (HAIs) is appropriate to the size and setting of the facility and in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data is collated by the IPCC. Data is transferred to an infection surveillance spreadsheet and analysed to identify any trends, possible causative factors and any corrective actions required. Acuity, risk factors and the needs of people receiving services are taken into consideration.</p> <p>Surveillance includes the collection of ethnicity data. Results of the IP surveillance programme is clearly reported back to the governing body. Results are shared with staff through meetings.</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>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level.</p> <p>During the audit visit no restraints were in use, and this has been the case for six years. There is a process for any use of restraint to be reported to the governing body. A restraint approval group meets regularly to ensure that restraint elimination remains the practice at Southanjer. Minutes of the</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>May 2024 six-monthly restraint meeting were seen and confirm practice.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Personnel files reviewed confirmed that training is provided annually. Staff members interviewed confirmed that no restraints were used.</p> <p>Throughout the audit, residents were seen to be supported to be independent when they were able and assisted gently with prompting and support when required.</p>
--	--	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>A safe system for medicine management using an electronic system was observed on the day of the audit. Medications are supplied to the facility by a contracted pharmacy, and resupply can be ordered through the electronic system. Medicines were stored safely, and there are procedures for the safe disposal of medications. However, not all aspects of medication storage and management met the required standards:</p> <ul style="list-style-type: none"> Not all prescribed medications had a legible label with the required information, including the resident’s name NHI and GP administration details. This issue was found with four inhalers and prescribed creams. Two opened bottles of eye drops did not have the date of opening labelled. Six-monthly controlled drug stock checks 	Not all aspects of the medication management system meet the expected standard to enable safe administration of medications.	<p>Ensure all prescribed medications have a legible label with all required information contained on them.</p> <p>The service will implement corrective actions to ensure that all eye drops are labelled with the date of opening.</p> <p>Ensure six-monthly stocktake of controlled drugs occur to reflect requirements.</p>

		by staff had not occurred (Refer Medication guidelines in residential care 2011 - page 11).		180 days
--	--	---	--	----------

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.