

Greenvalley Care Limited - Greenvalley

Introduction

This report records the results of a Certification Audit; Partial 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity: Greenvalley Care Limited

Premises audited: Greenvalley

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 24 June 2024 End date: 25 June 2024

Proposed changes to current services (if any): The audit verified 27 beds as suitable for hospital level care. Rooms one to five in Rose wing and all 22 beds in Jasmin wing. The service aims to use the beds for hospital level by 12 August 2024

Total beds occupied across all premises included in the audit on the first day of the audit: 49



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Greenvalley Care Limited - Greenvalley provides rest home and secure dementia care for up to 52 beds in the care centre. On the day of the audit, there were 49 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand Te Whatu Ora - Waitematā. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, and the general practitioner.

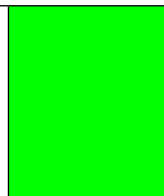
The service is managed by an operations manager and clinical coordinator who are appropriately qualified and are supported by an RN, and regional quality manager. The residents and relative spoke positively about the care and support provided.

The certification audit meets the intent of the standard.

This audit also verified 27 rooms as being suitable for hospital level care. Shortfalls relating to the partial provisional audit include staffing, staff training and environmental renovations.

Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

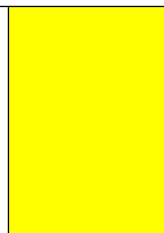
Greenvalley provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

Hunga mahi me te hanganga | Workforce and structure

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



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

Services are planned, coordinated, and are appropriate to the needs of the residents. The operations manager is supported by a clinical coordinator, that oversees the day-to-day operations of the service.

The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Greenvalley has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team.

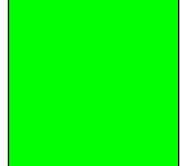
Greenvalley collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The

initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

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

The activity programme is managed by the diversional therapist. The activity programme provides residents with a variety of individual, group activities, and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. There has been a dietitian review of the menu plans. Residents and family confirmed satisfaction with meals provided. Nutritious snacks are available 24/7.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service are partially attained and of low risk.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are designed for single occupancy with a mixture of ensembles and shared facilities. Rooms are personalised.

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

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

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

Subsections applicable to this service are fully attained.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been eight infection outbreaks reported. The outbreaks were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were no residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

The aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan, cultural assessment guidelines, and cultural guidelines (Māori) are documented for the service. All policies and guidelines acknowledge Te Tiriti o Waitangi as the founding document for New Zealand. The service currently has Māori staff but no residents who identify as Māori. Greenvalley Health Care Limited- (Greenvalley) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents. There are clear processes to include tikanga in everyday practice and training for staff.</p> <p>The operations manager stated that they support increasing Māori capacity within the workforce and will be employing more Māori applicants when they do apply for employment opportunities. Greenvalley show commitment to a culturally diverse workforce as evidenced in the business plan and Māori health plan. The organisational business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>Māori staff provide cultural support for the service and enable linkages to local Iwi.</p> <p>Residents and family/whānau are involved in providing input into the</p>

		resident's care planning, their activities, and their dietary needs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Cultural guidelines for Cook Island, Samoan and Tongan people form the basis of the Greenvalley Pacific Peoples' Health plan. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare.</p> <p>On admission all residents state their ethnicity. There are staff who identify as Pasifika but no residents that identify as Pasifika.</p> <p>Registered nurses interviewed explain family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The operations manager and clinical coordinator stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Greenvalley partners with Pacific organisations and collaborates with their Pacific employees to ensure connectivity within the region. The Code of Rights are accessible in Tongan and Samoan when required.</p> <p>The service continues to actively recruit new staff. The operations manager described how Greenvalley increases the capacity and capability of the Pacific workforce through promoting their diverse workforce.</p> <p>Interviews with twelve staff (four caregivers, two registered nurses, one clinical coordinator, one diversional therapist, one maintenance person, one cook, one kitchen assistant, one housekeeper), three managers (operations manager, one quality manager, one director), five residents, one family/whānau (dementia unit), and documentation reviewed identified that the service provides person centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori.</p> <p>Details relating to the Code are included in the information that is</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>provided to new residents and their family/whānau. The clinical coordinator, supported by the registered nurses (RN), discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are held with residents as needed. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Communion services and church services are held weekly.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each</p>

		<p>resident's right to have space for intimate relationships. There were no married couples at the time of the audit and no shared rooms. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The director, operations manager and all staff have completed training in te reo Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. At the time of audit, there were no residents identifying as Māori. The diversional therapist (DT) confirmed that the service would actively support Māori by identifying their needs and aspirations which would also include the physical, spiritual, family/whānau, and psychological health of the resident.</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>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Greenvalley policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct, and professional boundaries. All residents and one family/whānau interviewed confirmed that the staff</p>

		<p>are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with the registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Greenvalley promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Resident meetings, individual discussions between family/ whānau and management encourages feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with one family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice, allied services and specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services.</p>

		<p>The clinical coordinator described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and one family/whānau interviewed confirm they know what is happening within the facility and feel they are kept informed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Seven electronic resident files were reviewed which evidenced written general consents sighted for photographs, release of medical information and medical cares. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA). Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent as part of</p>

		the annual training plan.
<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>	FA	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The operations manager maintains a record of all complaints, both verbal and written, within a complaint register.</p> <p>Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register.</p> <p>There were two complaints logged in the register for 2024 year to date. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>One complaint was via Health New Zealand – Te Whatu Ora around management of resident comfort funds, alleged practice of exclusion, resident’s rooms and falls. This complaint has been fully investigated and a response sent to Health New Zealand.</p> <p>Discussions with residents and one family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau confirm during interview that the clinical coordinator and operations manager are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The operations manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Greenvalley Care Limited- (Greenvalley) provides rest home care, and dementia level of care in a 52-bed facility. The service was purchased from another provider during August 2023.</p> <p>At the time of the audit there were a total of 49 residents. There were 29 residents at rest home level of care, and 20 residents in the secure dementia unit. There were two residents under a respite care contract. All other residents were under the aged related residential care contract (ARRC).</p> <p>The operations manager has been with the company for two years, he is supported in his role by an experienced clinical coordinator and a quality assurance manager (who has oversight of six sites). Both the clinical coordinator and the quality assurance manager are registered nurses. They are both supported by a stable team of staff.</p> <p>The governance body for Greenvalley comprises of two directors, the operations manager and quality manager. The governance team meet monthly and review and discuss a wide range of information including health and safety, individual facility reports (occupancy, infection control, restraint, incidents, complaints and falls), quality reports, financial, human resources, and policy reviews. The directors and governance team are hands on, and are available to the team at Greenvalley. The quality assurance manager and clinical coordinators across the six sites acts as the clinical governance group. The directors have Māori links for advice and meaningful input in to the governance function.</p> <p>There is an overarching strategic business plan in place for the company, with service specific goals for Greenvalley. The business plan includes goals which relate to clinical effectiveness, risk management and financial compliance. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery, there is a focus on improving equitable outcomes for Māori and addressing barriers for Māori. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. There has been a</p>

		<p>comprehensive feedback system and complaints process that is focused on continual improvement within the service.</p> <p>Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to head office to ensure these can be addressed. The clinical coordinator and RNs work in consultation with resident and whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The directors, and management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the staff members.</p> <p>The operations manager and the clinical manager have attended training (including orientation modules) more than eight hours over the past year appropriate to their role. They have a background in healthcare, nursing, aged care, and quality and risk management.</p> <p>Partial provisional audit:</p> <p>The service plans to include hospital services and this audit verifies the following rooms as suitable for hospital level care; Rooms 1 to 5 in Rose wing (downstairs) and all rooms in Jasmin wing (upstairs) 22 rooms. The bed numbers will remain the same but 27 room with be dual purpose (able to take hospital level care).</p> <p>The service has documented a transition plan that includes activities, clinical oversight, facility, equipment and time frames. The transition plan includes a proposed roster and activity plan.</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>FA</p>	<p>Greenvalley is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality meetings, registered nurse and staff meetings and governance body meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing;</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>and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data and actions are discussed at quality meetings, infection control and staff/ RN meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. Greenvally has a suite of policies and procedures, which guide staff in the provision of care and services. Policies align with Ngā Paerewa NZS 8134:2021.</p> <p>The resident and resident/family satisfaction surveys has been completed March 2024 and evidence overall satisfaction on all areas of service delivery.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. Staff incident, hazards and risk information is collated and a report is then provided to the governance body. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Electronic reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality, governance and staff meetings and at handover.</p> <p>Discussions with the operations manager and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications, but there have been two infectious outbreaks since the</p>
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		<p>previous audit. They were well managed and reported to Public Health.</p> <p>Regular policy review, and quality data review occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</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>PA Low</p>	<p>There is staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and shortages are reported to the national senior team. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>There is a first aid trained staff member on duty 24/7. Any absences and sick leave are covered through extending working hours through mutual agreement with employees. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts.</p> <p>The clinical coordinator and RN ensure there is an RN rostered on seven days a week and they share on call between them. There are separate staff dedicated to recreation, cleaning, and laundry.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Te Whatu Ora Health New Zealand and Hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed</p>

		<p>that they were provided with resources during their cultural training.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the twenty-seven caregivers employed, twenty have achieved a level three NZQA qualification or higher. The twelve staff who work in the secure dementia unit have all achieved the dementia specific unit standards.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (e.g., restraint, medication administration, and wound care). Both the clinical coordinator and RN are interRAI trained.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, moving and handling, culture, and handwashing. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage about the Employee Assistance Programme (EAP) were posted and visible in staff locations and staff interviewed stated they are well supported.</p> <p>Partial provisional audit. The service plans to include 27 dual service beds and to take hospital level residents. There is a proposed roster, including RNs over 24 hours and additional care staff and activities, which has yet to be recruited for and implemented. The transition plan includes staff training for a higher level of care. This has yet to be implemented.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to</p>

<p>capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. Seven staff files were reviewed. Five had a performance appraisal documented for 2024 and two were new employees</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There are human resource policies, which include follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</p> <p>Partial provisional. The current processes in place for recruitment are appropriate for a higher level of care, including orientation for new staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Greenvalley business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be</p>

		viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission policy requires the collection of information that includes but is not limited to; ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and families and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The management team described relationships with identified Māori service provider groups within the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and</p>	FA	Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Seven resident files reviewed: four at rest home level care, including one respite; and three dementia level residents. Initial care plans are developed with the resident's/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and are completed within three weeks of the residents' admission to the facility. Respite residents did not have an interRAI assessment completed; however, a comprehensive suite of assessments contained in the electronic resident management system had been completed. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GPs visit the facility at least twice weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, they were informed of concerns in a timely manner, and they were very confident in the abilities of the nursing team. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility once per month and reviews residents referred by the clinical coordinator or RNs.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were</p>
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		<p>assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There are five residents with wounds; skin tears, bruises, and chronic ulcers. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls as per policy requirements.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN or clinical coordinator. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The RN documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by the diversional therapist. Activities for the residents are provided Monday to Friday, with caregivers having access to table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies is available for residents. The activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from staff occur regularly. An outing is organised weekly and regular visits from community visitors occur.</p>

		<p>Multi-denominational church services are available.</p> <p>Each resident in the secure dementia unit has an individualised 24-hour activity plan which takes account of their culture, preferences, and de-escalation/distraction strategies appropriate to them.</p> <p>The diversional therapist integrates te reo Māori in the daily programme with the use phrases and everyday words as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. A school kapa haka group has entertained the residents, and family/whānau participation in the programme is encouraged.</p> <p>The residents' activities assessments are completed by the diversional therapist in conjunction with the RN on admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>Family and residents interviewed reported high levels of satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the electronic medication chart.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. A system is in place for returning</p>

		<p>expired or unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical coordinator or registered nurses. Medication information for residents and whānau can be accessed online as needed.</p> <p>There was one resident self-administering medication on the day of the audit, who had been appropriately assessed as being safe to do so, and who had safe storage for the medication in their room. No vaccines are stored on site, and no standing orders are used.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RN confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>Partial provisional. The current process in place for the safe and effective management of medications is appropriate for hospital level care.</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>FA</p>	<p>A nutritional assessment is undertaken for each resident on admission, by the RN, to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change.</p>

<p>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>Diets are modified as needed and the kitchen manager, when interviewed, confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. These are transported to the servery (located in-between the rest home and dementia dining rooms) via a dumb waiter lift and served from the bain marie directly into the dining rooms. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. A dietitian has developed the seasonal menu. The food control plan expiry date is 18 March 2025. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the kitchen manager was familiar with the concepts of tapu and noa. They discussed occasions where the service has provided culturally appropriate meal services including a recent boil up. Nutritious snacks and finger foods are available 24/7 in the dementia unit.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>Partial provisional. The kitchen can manage food and meal services for hospital level care as some rest home resident already require</p>
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		alternative meals (for example, soft diets)
<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>There is a resident transfer/discharge policy. Transition, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical coordinator, RN, and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>There is a building warrant of fitness certificate that expires on 21 September 2024. The maintenance person works full-time (Monday to Friday). Maintenance requests are logged in hard copy and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales was completed in February 2024. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, and dementia level care residents.</p> <p>All corridors have safety rails that promote safe mobility. Residents were observed moving freely around the areas with mobility aids</p>

		<p>where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas.</p> <p>All rooms are single occupancy, with a mixture of ensuite and shared facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There are signs on all shower/toilet doors.</p> <p>There are large and small communal areas. Activities occur in the larger areas, and the smaller areas such as the library are spaces where residents who prefer quieter activities or visitors may sit.</p> <p>The secure dementia unit has a large courtyard garden with walking paths, raised beds, outdoor gazebo, and seating areas.</p> <p>Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is thermostatically controlled heating in all areas. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>The organisation will take into consideration of how designs and environments reflect the aspirations and identity of Māori for any building or refurbishments. This will be coordinated from head office.</p> <p>Partial provisional. Twenty-seven rooms have been verified as suitable for hospital level care. The corridors are narrow; however, staff were able to describe and demonstrate how they are able to transport larger mobility devices in and out of rooms and along corridors (lazy boy chair, hoists and stretchers as examples).</p> <p>The rooms all have a small toilet and sink, these may be too small for hospital level residents and associated mobility equipment. The service has plans to enlarge a toilet and bathroom for Rose wing and for Jasmin wing to enable better access to resident with mobility equipment.</p> <p>Additional equipment such as shower chairs and hoist are planned to be ordered. The transition plan includes equipment needed.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power available with head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, showers, and lounge/dining room areas. These are audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Visitors are controlled through a sign in process which includes declarations for symptoms of infection.</p> <p>Partial provisional. Current security arrangements, including call bells are appropriate for hospital level care.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programmes are led by the infection prevention and control (IPC) coordinator (registered nurse). Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. The infection control programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator and the senior operations team. Expertise and advice are sought from the general practitioner, Health New Zealand -Waitematā infection control team and experts from the local public health unit as and when required. The infection prevention and control (IPC) coordinator attends the management and quality team meetings where infection control issues are discussed. Infection prevention and control and antimicrobial stewardship are an integral part of the Greenvalley business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Greenvalley has an infection control and antimicrobial stewardship programme that aligns with Greenvalley strategic plan to improve quality and ensure the safety of residents, visitors, staff, and contractors. There is a documented pathway for reporting infection control and AMS issues to the governing committee. Infection rates are discussed bimonthly at the governance committee. The Greenvalley governance group knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</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.</p>	<p>FA</p>	<p>The infection prevention and control (IPC) coordinator is the registered nurse, who is supported by the regional quality manager (also an RN). Between them they lead, oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. 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>IPC coordinator (the RN) has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection control programme implemented that was developed with input from external infection control services. The programme is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 outbreaks. Education with residents was on an individual basis and as a group in residents' meetings and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the operations manager and director on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The IPC coordinator has been involved in the consultation process for the proposed changes to the facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of</p>
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		<p>disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>There were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The service has printed off educational resources in te reo Māori.</p> <p>Partial provisional. The governance and implementation of the infection control programme are appropriate for hospital level care.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The 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 antimicrobial prescribing guidance and expertise. The AMS programme was approved by the Greenvalley governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p> <p>The annual infection control and AMS review, the infection control and hand washing audit includes: the antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections (HAIs) being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of HAIs.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were</p>

		<p>implemented where required. Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been a Scabies outbreak (15 residents in dementia unit in Mar/2024), and COVID outbreak in May/2024. All the outbreaks were well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak. They were well managed and reported to Public Health.</p> <p>Partial provisional. The current surveillance and reporting is appropriate for hospital level care.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient quantity of PPE was available, which included masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each area with sanitisers. All have separate handwashing facilities and adequate supplies of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning.</p> <p>The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All laundry personnel and care staff have received training and documented guidelines are available. The effectiveness of laundry</p>

		<p>processes is monitored by the internal audit programme. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the facility's commitment to remain restraint free. The reporting process to the governance body includes restraint data that is gathered and analysed monthly, discussed at the six-monthly restraint committee meetings and monthly staff meetings.</p> <p>Interviews with the restraint coordinator confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Restraint is included as part of the mandatory training plan and orientation programme. Training records evidence all staff have completed restraint training during their orientation and annually.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval. Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	The current roster provides safe and appropriate staffing for secure dementia care and rest home level care. Additional RNs, care staff and activity staff have yet to be recruited for the higher levels of care. Additional training for staff to manage resident with a higher level of care has yet to be implemented	<p>i)The current staffing does not meet the needs for hospital level care.</p> <p>ii) The current training plan does not meet the needs for residents with a higher level of care.</p>	<p>i) Ensure staffing is in place for hospital level residents, including additional activity staff, care staff and RNs over 24 hours.</p> <p>ii) Implement the additional training to manage residents with a higher level of need.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.4</p> <p>There shall be adequate numbers of toilet, showers, and bathing facilities that are accessible, conveniently located, and in close proximity to each service area to</p>	PA Low	The toilets and small bathrooms in the ensuited rooms may be too small for residents who require additional mobility equipment. Residents with mobility equipment will utilise communal bathrooms	The renovation and enlarging of communal toilets and bathrooms is not yet commenced	Ensure there are communal (or individual as needed) toilets and bathrooms large enough to accommodate

<p>meet the needs of people receiving services. This excludes any toilets, showers, or bathing facilities designated for service providers or visitors using the facility.</p>		<p>rather than the ensembles when this is the case. The service has plans to enlarge communal bathrooms and toilets in Jasmin and Rose wing.</p>	<p>/ completed.</p>	<p>residents, staff and assisted equipment.</p> <p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.