

Presbyterian Support Otago Incorporated - Holmdene Rest Home

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 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:	Presbyterian Support Otago Incorporated
Premises audited:	Holmdene Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 August 2024 End date: 7 August 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	30

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Holmdene Rest Home is part of the Presbyterian Support Otago (PSO) organisation. PSO Holmdene is one of nine aged care facilities managed by PSO. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 35 residents. On the day of the audit, there were 30 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and orientation programme is in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

There were no areas for improvement identified at the previous certification audit. This surveillance audit identified shortfalls around care plan interventions.

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.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. The organisation has a documented Pacific health plan. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. PSO Holmdene provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations.

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 strategic and quality improvement plans include a mission statement and operational/quality objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. An annual resident/relative satisfaction survey is completed. Quality improvement initiatives are implemented, which provide evidence of improved services for residents.

There is a staffing and rostering policy documented. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with

relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Individual preferences and cultural dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

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.
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There are a suite of comprehensive policies which are implemented. Staff receive education related to the policies and pandemic plan. The infection control programme is reviewed annually.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Covid-19 response plans are in place and the service has access to PPE supplies. There has been one outbreak reported since the previous audit.

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.
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The restraint coordinator is a registered nurse. There were two residents using restraint on the days of audit. A preference for a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, by implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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.</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>	FA	<p>A Māori Health Plan and associated best practice cultural policies are documented for the service. The Treaty of Waitangi is central to the identity of Presbyterian Support Otago (PSO) and their commitment to partnership. They are committed to providing services in a culturally appropriate manner to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained and seek to work with their iwi, Ngāi Tahu mana whenua, in ways that align to the dreams and aspirations for Ngāi Tahu.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a comprehensive Pacific Health plan developed by the organisation in consultation with Pasifika advisors from Health New Zealand Te Whatu Ora – Southern. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 that addresses the needs of Pasifika and includes the requirements of Ngā Paerewa Health and Disability Services Standard. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality health care. The cultural training provided included Pacific cultures.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commission (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager, clinical manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations throughout the facility. Discussions relating to the Code are held at resident meetings. Families are invited to attend.</p> <p>The eight staff interviewed (one registered nurse, one enrolled nurse, four healthcare assistants, one cook and one maintenance person) could easily describe how they respect the residents' rights in relation to their roles.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. PSO organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The code of conduct is discussed and signed by staff during their induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process. Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Four residents and three families/whānau interviewed confirmed that the staff are caring, supportive and respectful.</p> <p>There are policies and processes in place which are adhered to in respect of residents' personal comfort funds and property. Professional boundaries are defined in job descriptions. Interviews with registered nurses (RN) and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Interviews with staff and two managers (one clinical manager and one quality advisor) described a positive culture of teamwork.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the</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>appropriate best practice tikanga guidelines in relation to consent.</p> <p>Residents and family/whānau interviewed could describe what informed consent was and confirmed involvement in the decision-making process and the planning of resident's care. Specific consent forms had been signed by residents or their activated enduring power of attorney (EPOA) for procedures, such as vaccines and other clinical procedures. All resident consents sighted were signed appropriately, and in the residents' files.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The facility manager has overall responsibility for ensuring all (verbal or written) are fully complaints documented and investigated. Concerns and complaints are discussed at relevant meetings. The PSO complaints procedure is provided to residents and relatives on entry to the service. There has been one complaint in 2023, and three in 2024 year to date. All complaints are acknowledged, investigated, and resolved within the timeframes set out by the Health and Disability Commissioner. All complainants are advised of the outcome of the complaint.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at reception and in communal lounges. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings which are held bimonthly.</p> <p>Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and 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. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available.</p>

		<p>There is an understanding that face to face meetings with whānau are preferred in resolving any issues for Māori. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</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>PSO Holmdene Rest Home (PSO Holmdene) is located in Balclutha. They provide rest home and hospital levels of care for up to 35 residents. All beds are certified for dual purpose use. On the day of the audit, there were 30 residents: 19 hospital level residents, including one hospital resident on a young person with a disability (YPD) contract and one on a respite contract, and 11 rest home level of care residents. All residents (except the YPD and respite residents) were on the age-related residential care contract (ARRC). There is one married couple sharing a double room.</p> <p>PSO Holmdene is one of nine aged residential aged care homes in Otago owned by PSO delivering a range of services, including rest home, dementia, and hospital level care for older people. PSO is governed by a Board of eleven representatives. There is a governance structure in place with terms of reference that is appropriate to the size and complexity of the service provision. There is a documented business management and strategic plan, which informs the quality plan and includes the organisation's vision, mission, and values. Key objectives are identified and regularly reviewed by the Board at their monthly meetings; evidenced in the Board meeting minutes. The clinical governance advisory group (CGAG) provides feedback directly to the Board on quality, clinical risk and Health and Disability Services Standard requirements. The CGAG reviews the risks for the PSO aged care service at their bimonthly meetings, where this information is reported to the Board. The Board discusses and acts on this information providing ongoing support.</p> <p>PSO Holmdene is managed by a facility manager who has experience in health management and is supported by an experienced clinical manager, administration staff and organisation quality advisor and clinical advisor. The facility manager also manages a second PSO facility and was off site on the days of audit. The clinical manager communicates with the facility manager daily. The management team is supported by the PSO governance team.</p>

		<p>The Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners, and valuing each culture for the contributions they bring. The organisation is working towards incorporating te reo Māori words and phrases into all organisational documents. A process to identify and address barriers for Māori for equitable service delivery is ongoing, with additional expertise sought from Māori. There is Māori representation on the Board. PSO have recently employed a cultural adviser who meets with the Board where required and meets with the clinical nurse advisor and quality advisor fortnightly to assist in removing barriers for Māori, improving policy and procedures and promoting equitable and inclusive service delivery.</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>PSO Holmdene is implementing their 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. Internal audits, satisfaction survey results and the collation of data are documented and analysed at support office, where the data is benchmarked within the PSO organisation and with the other Presbyterian support organisations nationally, with the results shared in staff meetings. Quality data and trends in data are posted in the staffroom. On interview, staff were aware of quality data indicator results.</p> <p>Meetings are held, including quality, health and safety and infection control and staff meetings bimonthly, and clinical meetings monthly. Discussions include (but are not limited to) quality data, including falls; infections; use of restraint; adverse event data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Audit outcomes were reviewed, and required corrective action was followed up, showing service improvements. Results were analysed, and a summary report was shared with staff, residents and family/whānau.</p> <p>Discussion with staff and review of records demonstrated that all subsequent learnings from audits and accidents/incidents were reviewed through the head office in a meaningful way to identify trends and opportunities that could be used to affect change or influence practice. Internal audits were completed as scheduled, and outcomes show a high level of compliance with the PSO policies and procedures. Corrective actions are documented to address any improvements with evidence of</p>

		<p>progress and sign off when achieved.</p> <p>Resident and family/whānau satisfaction surveys are completed annually and the latest surveys were completed in June 2023. The surveys reflected high satisfaction levels with surroundings, rooms/grounds, privacy/dignity, respect and hygiene/cleanliness. Results were analysed, and a summary report was shared with staff, residents and family/whānau.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms and an up-to-date electronic hazard register were sighted.</p> <p>All resident incidents and accidents are recorded on the electronic system. Fourteen accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Family/whānau were notified of each incident. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handovers.</p> <p>Discussions with the quality advisor and the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT around stage III or unstageable pressure injuries and two fractures. There has been one outbreak (gastro-intestinal, September 2023), with Health New Zealand - Southern public health authorities notified.</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-</p>	FA	<p>PSO Holmdene organisational policy outlines on-call requirements, skill mix, staffing ratios, and rostering for facilities. Part time and casual staff cover unplanned absences. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical manager and administration staff work Monday to Friday. The facility manager works two days a week at PSO Holmdene and three days a week at another PSO facility. The clinical manager provides on-call services with the backup of the facility manager. They are supported by a team of RNs. There is RN cover over 24 hours a day. The registered nurses, activities staff, and a selection of healthcare assistants hold current first aid certificates. There is</p>

<p>centred services.</p>		<p>a first aid trained staff member on duty 24/7.</p> <p>Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Healthcare assistants interviewed reported the RNs are supportive and approachable. Interviews with residents and family/whānau indicated that overall, there are sufficient staff to meet resident needs. There are separate laundry and cleaning staff.</p> <p>There is an education and training schedule for 2023 and 2024. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services, complete online training, and attend toolbox talks. Online training completion is recorded in the electronic system and monitored by the clinical advisor and facility manager. The service supports healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-two healthcare assistants are employed, including casual staff. One healthcare assistant has achieved a level four NZQA qualification, 13 have achieved level three NZQA qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for skin care; restraint minimisation; infection control; medication administration (if medication competent); and moving and handling. A record of completion is maintained. Additional RN specific competencies include syringe driver, and interRAI assessment competency. Seven out of eleven RNs are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All staff attend relevant bimonthly quality staff meetings and monthly clinical meetings when possible.</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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates is maintained for registered nurses, enrolled</p>

<p>health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>nurses, and other registered health professionals.</p> <p>All staff records reviewed evidenced completed induction and orientation. A total of six staff files (the clinical manager, one registered nurse, three health care assistants and one cook) were reviewed. Staff files included: reference checks; police vetting, competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions. Files evidenced that staff who had been employed for over one year, had an up-to-date annual performance appraisal.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed: four hospital (including one resident on a YPD contract and one on a respite contract) and one rest home. The clinical manager and RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes, six-monthly care review electronic forms, and family/whānau contact notes. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan.</p> <p>All residents have assessment information collected, and an interim care plan completed at time of admission. Initial interRAI assessments were completed where required (the YPD resident and respite resident did not require interRAI assessments) and the initial long-term care plans were completed within three weeks of admission. Additionally, all files had a suite of risk assessments, activities, nutritional, and cultural assessments completed. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the basis of the initial care plan and or long-term care plan. The care plans are holistic and align with the service's model of person-centred care. Care plans include interventions to guide care delivery however were not always fully reflective of assessed needs. Care plan evaluations are completed and evidenced updates as needs changed. These had been completed within required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner. Care plans include allied health and external service provider involvement. Other available information such as consultation with</p>

	<p>residents, family/whanau or significant others are included in the resident electronic file.</p> <p>When a resident's condition alters, the registered nurse initiates a review and, if required, a GP visit or referral to nurse specialist consultants occurs. The wound care plan and infection plans integrate cares to reflect resident needs. Short-term interventions are added to the long-term care plan when appropriate and removed when resolved.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated he is notified via phone, text, or email in a timely manner for any residents with health concerns between the hours of 9 a.m. and 5 p.m. The practice also provides an after-hours service between 5 p.m. and 9 p.m. Between the hours of 9 p.m. and 9 a.m., Clutha Health First Community Hospital is available for additional support. All GP notes are entered into the electronic system. The GP commented positively on the care the residents receive. Allied health interventions were documented and integrated into care plans. The service has a contract with a physiotherapist, who visits for an hour, twice weekly. A clinical nurse specialist from the local hospice visits regularly and as required. Specialist services including mental health, dietitian, speech language therapist, stoma services, occupational therapist, wound care and continence nurse specialists are available as required through Health New Zealand – Southern. Family/whānau are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by healthcare assistants (HCAs) and at least weekly by the RNs. The RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p>
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		<p>There were 15 current wounds (including pressure injuries, skin tears, abrasions, lesions and surgical wounds). There were two residents with one pressure injury each at the time of the audit (one facility acquired stage I and a non-facility acquired stage II pressure injury). A sample of wounds reviewed, including one pressure injury, had comprehensive wound assessments, including photographs, to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to the district nurse clinical nurse specialist.</p> <p>Healthcare assistants and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the RNs complete monitoring charts, including bowel chart; reposition charts; intentional rounding; vital signs; weight; food and fluid chart; blood glucose levels; and behaviour as required. All charts were completed in required timeframes. Neurological observations have been completed as per the falls management policy and neurological observation policy.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>All medication charts and signing sheets (except for the respite resident) are electronic. Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service uses blister packs for all regular medications and for 'as required' medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system.</p> <p>Medications were appropriately stored in the medication trollies and the medication room. The fridge where medication is stored and medication room temperatures are monitored daily and were all within required ranges.</p>

		<p>All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately, and weekly stock check have been completed regularly by medication competent staff. Medication incidents were completed in the event of a drug error and corrective actions implemented. Expired medicines were placed in a receptacle for return to the pharmacy.</p> <p>Ten electronic medication charts were reviewed. These medication charts verified that the general practitioner had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There were no residents self-administering medications. The medication policy describes the procedure for self-medicating residents, and this can be implemented as required. There are no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Resident’s nutritional requirements are assessed on admission to the service, in consultation with the resident and family/whānau. The nutritional assessments identify resident’s personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A whiteboard with individual likes dislikes and dietary requirements is maintained ensuring resident’s dietary needs are met. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place and expires 11 September 2024.</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</p>	FA	<p>There is a documented process for the management of early discharge/ transfer from the service. Residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

support.		
<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>Systems are in place to ensure the resident's physical environment and facilities are appropriate. The buildings, plant, and equipment are fit for purpose at PSO Holmdene and comply with legislation relevant to the services being provided. The current building warrant of fitness expires 7 September 2024. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures.</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>	FA	<p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and training and education of staff. Policies and procedures are provided by the clinical nurse advisor, with input from infection control specialists and approved by the clinical governance advisory group. Policies are available to staff and linked to the quality system. Infection control is included in the internal audit schedule. The infection control programme is reviewed and reported on annually.</p> <p>The infection control policy states that PSO Holmdene is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the training plan. The infection control coordinator has undertaken recent education, including specific training on aged residential care infection control and has additional support (as required) from Health New Zealand – Southern. All staff have completed infection prevention and control in-services and associated training, including hand hygiene and the use of personal protective equipment.</p>
Subsection 5.4: Surveillance of health care-associated infection	FA	The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is

<p>(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>collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly, six-monthly and annually. PSO Holmdene incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>PSO Holmdene receives regular notifications and alerts from Health New Zealand – Southern for any community concerns. There has been one gastrointestinal outbreak (September 2023) reported since the previous audit. Families/whānau were kept informed by phone or email. Visiting was restricted. Opportunities to improve management of the outbreaks had been identified in post outbreak meetings and in staff meetings and these were clearly documented.</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>During interviews, the clinical manager and quality advisor described the organisation's commitment to restraint minimisation. This is supported by the governing body and policies and procedures. The facility has two residents currently utilising bed rail restraint.</p> <p>Staff complete online training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at combined quality and staff meetings and clinical meetings. Any use of restraint and how it is being monitored and analysed, is reported at these meetings. The clinical manager described ways they work in partnership with Māori, to promote and ensure services are mana enhancing, whenever restraint is considered.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent</p>	PA Low	<p>The registered nurses are responsible for the development of the care plan. Assessment tools including cultural assessments are completed to identify key risk areas. Alerts are indicated on the resident’ profile and include (but not limited to) high falls risk, allergies, weight loss, behaviour, swallowing difficulties, resuscitation status and pressure injury risks. Care plan interventions are documented to support resident needs including wound and infection short term care plans however not all care plans evidence all assessed care interventions. Health Care Assistants are knowledgeable about the care needs of the residents and the families/whanau interviewed provide positive comments related to the care experience.</p>	<p>Interventions do not fully reflect care required for the following.</p> <p>i). A resident on regular pain medication does not have any non-pharmacological interventions documented in the care plan.</p> <p>ii). An insulin dependent diabetic has no range parameters for BGL indicated or interventions documented if BGL levels are outside the range.</p>	<p>i-ii). Ensure documented interventions are comprehensive to meet the assessed needs.</p> <p>90 days</p>

<p>workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</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.