

# Fairview Care Limited - Fairview Care

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Fairview Care Limited
<b>Premises audited:</b>	Fairview Care
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 July 2024    End date: 17 July 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	46

# Executive summary of the audit

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## Introduction

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

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

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

Fairview Care Limited (Fairview Care) provides rest home and hospital level care for up to a maximum of 47 residents.

The service is operated by Premiere Lifestyle Limited and day-to-day operations are overseen by the chief executive officer (CEO), the care manager (CM), and the clinical nurse manager (CNM).

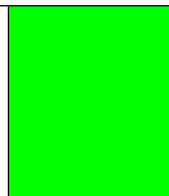
This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Health New Zealand – Te Whatu Ora. The audit process included a pre-audit review of policies and procedures, review of residents' and staff files, observations, and interviews with the residents, family members, the chief executive officer (CEO), management, clinical staff, a locum GP and the regular GP by telephone and two physiotherapists.

Residents, families and staff spoke positively about the service and the level of care provided.

There were no areas for improvement identified during this audit. Evidence of attainment beyond the expected full attainment were verified in relation to improvements in residents' wellbeing, the antimicrobial stewardship programme and in the activities programme. As a result, three continuous improvement ratings were awarded.

## 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.

There were no residents who identified as Māori or Pasifika at the time of the audit, which reflects the local population. A number of staff identified as Māori and Pasifika. Interviews and review of policies confirmed that Fairview Care has sufficient and suitable policies and processes to assess and deliver culturally safe care to Māori and/or Pasifika. All staff have attended training on Te Tiriti o Waitangi, tikanga, basic te reo Māori, cultural safety, unconscious bias, removing barriers to service and ensuring delivery of equitable health care.

The care manager has developed links with the local Runanga, who have agreed to advise and work collaboratively with the care facility in ways that support and encourage a Māori world view of health in service delivery. This includes methods for providing equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Care staff who identify as Pasifika spoke of the ways culturally safe services had been provided to previous Pasifika residents, which had embraced their worldviews, cultural, and spiritual beliefs.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.


The Code is available in a range of different languages which are on display throughout the care home, including resident's bedrooms. Other consumer-focused information is readily available and offered to residents, whānau and visitors.

Personal identity, independence, privacy and dignity are respected and supported. The service culture, environment and philosophy support residents' rights, enhance residents' safety and aim to protect them from abuse and neglect.

Residents and whānau receive information in an easy-to-understand format, in a manner that enables them to feel listened to and make decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes the governance group receiving advice and support from Māori agencies, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

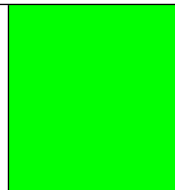
The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential residents and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

The diversional therapy programme showed that residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

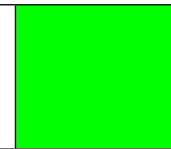
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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

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



Subsections applicable to this service fully attained.

The facility was clean and well maintained. Internal and external areas meet the needs of residents. All areas are accessible, meeting the needs of people with disabilities. Safe seating and shade are provided outside. There was a current building warrant of fitness. Electrical equipment is being tested as required. Medical and mobility equipment are checked and calibrated regularly, and all chattels, fixtures and fittings are maintained, repaired or replaced as needed.

The care facility is purpose-built, with sufficient communal areas for dining and recreation, and 47 spacious bedrooms with full ensuites designed for single occupants. Additional toilets are strategically located throughout the facility. There is effective heating and ventilation. Hot water and environmental temperatures are monitored for comfort and safety.

The facility is prepared for any emergency, including power outages. Emergency equipment including two generators, resources and sufficient supplies of food and water are on site. Staff are trained in emergency procedures, including the use of emergency equipment and supplies, and they attend regular fire drills.

Staff, residents and whānau understood emergency and security arrangements.

Residents reported a timely staff response to call bells.

Security is maintained.

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

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

Subsections applicable to this service fully attained.

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

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both prevention of infections and mitigation of their transmission. Waste and hazardous substances are well managed. There are safe and effective laundry services.



## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the care manager, chief executive officer and the board, policies and procedures. There were no residents using restraints at the time of audit, which has been the case for more than five years. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should any restraint be required. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## 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	27	0	0	0	0	0
Criteria	3	166	0	0	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>Fairview Care has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation’s business plan, values, staff recruitment and staff training plan. There were no residents who identified as Māori on the days of audit, which is consistent with the local demographics that show less than 1.5 % of the population identifying as Māori. The documented Māori health plan was developed with input from cultural advisers/local iwi. Cultural policies and the Māori care plan template for individuals clearly describe tikanga, te ao Māori and how to maintain and respect mana motuhake. The care manager has developed links with the local Runanga, who have agreed to advise and work collaboratively with the care facility in ways that support and encourage a Māori world view of health in service delivery. This includes methods for providing equitable and effective services based on Te Tiriti o Waitangi. A small percentage of staff identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy</p>	FA	<p>There were no residents who identified as Pasifika on the days of audit. This is consistent with the local demographic, which shows that 0.3 % of the population identify as Pasifika. A percentage of</p>

<p>good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>the workforce have Pacific nations origins. These staff spoke of the ways culturally safe services had been provided to previous Pasifika residents, which had embraced their worldviews, cultural, and spiritual beliefs. They were also aware of where and how to access external cultural support if required.</p> <p>Fairview Care has a Pacific plan and other resources that were developed in partnership with Pacific communities and organisations. These are available to guide culturally safe practices for Pacific peoples. These resources contain contact information for Pacific communities and organisations to assist in planning, support, interventions, research and evaluation of the health and wellbeing of Pacific peoples when required.</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti:Service providers recognise Māori mana motuhake (self-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>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). The code was displayed in all resident private rooms. Residents and whānau are also provided with opportunities to discuss and clarify their rights.</p> <p>As per the evidence in 1.1, cultural policies and the Māori care plan template for individuals clearly describe tikanga, te ao Māori and how to maintain and respect mana Motuhake.</p>
<p>Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p>

		<p>Te reo Māori and tikanga Māori are promoted within the service through staff and resident education, activities, music and menu choice. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</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>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Staff receive annual education on abuse, neglect and awareness.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. “Although, there were no Māori residents, a strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model of care.</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.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt cared for and listened to. Information was provided in an easy-to-understand format. Changes to residents’ health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services if needed, with one resident observed using a digital interpretation device on the day of</p>

		audit.
<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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. On the day of the audit, seven resident files demonstrated informed consent procedures.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</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>A fair, transparent and equitable system is in place to receive and resolve complaints in ways that lead to improvements. The care manager (CM) said that any complaints or concerns received from Māori residents and/or their whānau would involve a Māori advocate or support person. This meets the requirements of the Code. Residents and family/whānau understood their right to make a complaint and knew how to do so. The complaints register and documentation related to the complaints received since the previous audit showed these had been acknowledged in writing and complainants had been kept informed during investigations, notified of the outcome, and that resolution had been reached. There were no open complaints at the time of audit. The CM stated there had been no complaints received from external agencies since the previous audit.</p>
Subsection 2.1: Governance	FA	Interview with the CEO and CM confirmed a commitment to deliver services that improve the outcomes and achieve equity for Māori.

<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>The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner in order to achieve equitable health outcomes for tāngata whaikaha, Māori and Pasifika. There were no Māori or Pasifika residents in the care facility at the time of audit, but services had been provided previously.</p> <p>Training records showed that staff, management, the CEO and board members had attended training specific to Te Tiriti o Waitangi, cultural safety and equity.</p> <p>Improving outcomes, achieving equity for Māori, and reviewing barriers for equitable access to services for Māori is evaluated through the collection and analysis of entry and decline data, infection surveillance, staff and resident surveys, and monitoring the cultural safety and appropriateness of service delivery. The CM has established links with the local Runanga, who confirmed their availability and willingness to provide information and support for Māori residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The CM, who was appointed in January 2023, is an experienced registered nurse (RN) who is suitably qualified to manage the service. This person is supported by a clinical nurse manager (CNM), a clinical lead nurse (CLN) and other registered health professionals who work collaboratively to deliver best known clinical practice using a clinical governance framework.</p> <p>The annual business plan 2024 identifies the purpose, values, direction, scope and goals for the organisation. This is monitored and reviewed for performance by the board at their bimonthly meetings. The board chairperson, a co-opted board member and the CEO meet on alternate months to review organisational performance. The board and the CEO demonstrated leadership and commitment to the quality and risk management system by providing resources which enable efficient and effective monitoring of service delivery. For example, up-to-date software, sufficient staff resources, modern equipment, and advice where needed. The board receives written reports that contain quality and risk data,</p>
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		<p>such as complaints, incidents, infections, restraint use, occupancy, staffing, and results of quality and risk monitoring, such as internal audits and satisfaction surveys. A sample of reports to the board showed adequate information to monitor performance is reported.</p> <p>The CEO and CM confirmed their knowledge of the sector, regulatory and reporting requirements, and maintain currency within the field through research and by attending sector network meetings and national conferences.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for aged residential care-hospital and rest home level care, which includes respite, complex medical conditions, and palliative care. There were 46 residents receiving services at the time of audit. Five of these were receiving rest home level care and 41 were receiving hospital care. One of the hospital residents was being funded under the Accident Compensation Corporation scheme.</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>Fairview Care has well embedded and planned quality and risk systems which promote continuous quality improvement. The system includes a quality and risk plan, and a set of policies and procedures that were current and reflected best known clinical practice. These include guidance on meeting legislative, regulatory and contractual requirements. The risk plan identifies potential inequities and describes methods for mitigating these.</p> <p>Day-to-day services include effective reporting and management of incidents, infections and complaints, internal audit activities and the monitoring of outcomes, and regular resident/relative and staff satisfaction surveys. Residents, whānau and staff contribute to quality improvement through attendance at meetings, engaging in quality monitoring, and providing one-to-one or group feedback. Specific feedback about all areas of service delivery is obtained from a sample of residents/relatives completing satisfaction surveys every six months. The June 2023 survey achieved 97.5% satisfaction and included four comments suggesting improvements required to cleaning. Refer to evidence in subsection 5.5 for actions</p>

	<p>taken in response to this. The January 2024 survey achieved 98.33%, with no negative feedback and 100% satisfaction with cleaning. Staff surveys undertaken since the last audit revealed no concerns.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. The service has implemented a number of quality improvement projects since the previous audit. As these were identified, a detailed plan was documented using the PDSA framework. (Plan, Do, Study, Adopt, Abandon or Act). Four of these were reviewed in depth. Topics included hand hygiene, waste management, eye infections and staff education. All of these resulted in improvements that were confirmed by statistical and narrative evaluation of outcomes. Success from the eye infection project was rated continuous improvement and is described in subsection 5.3. Ongoing achievements and improvements to residents' wellbeing from the activities programme is also rated continuous improvement and is described in subsection 3.3. Interventions to improve oral health and reduce resident inflicted skin tears was rated continuous improvement in subsection 3.2.</p> <p>The CM and CEO described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Risks were clearly documented in the organisational risk management plan, health and safety procedures and environmental risk registers. Minutes from the monthly meetings of the risk management committee confirmed that current (potential and actual) risks are communicated to heads of department, and that strategies to prevent, eliminate or isolate risks are implemented to good effect.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The CM, CLN and CEO understood and have complied with essential notification reporting requirements. Notification about the</p>
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		change of care manager was submitted.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Fairview Care adjusts staffing levels to meet the changing needs of residents. Care and clinical staff said there were sufficient staff on each shift to complete the work allocated to them. Rosters reviewed identified that planned and unplanned staff absence is covered by existing staff. There have been no bureau staff used for six months.</p> <p>The care manager, the clinical nurse manager and a clinical nurse lead share on-call as required outside of their rostered shifts. The care manager, who has been in the role for 18 months, is a registered nurse with a current practising certificate. This person works Monday to Friday 8.30am to 5.00pm and is supported by the clinical nurse manager and clinical nurse lead, who also work business hours. There is an experienced registered nurse on each eight-hour shift. At the time of the audit, there were 14 RNs employed (including the CNM and CLN), all of whom were maintaining interRAI competencies.</p> <p>The morning shift is supported by six to seven care staff, and three RNs plus the CM, CNM and the CLN Monday to Friday. The afternoon shift consists of five care staff, and three RNS, or two RNs plus an enrolled nurse (EN). Two to three care staff and one RN are rostered for the night shift. At least one staff member with a current first aid certificate and two staff with medication competencies are allocated for each shift, as is a nominated fire warden.</p> <p>The diversional therapist works Monday to Friday from 9am to 5.30pm and is supported by an activities assistant who works Tuesday to Saturday. There are appropriate designated hours for cleaning, laundry, maintenance and the kitchen.</p> <p>Contracted physiotherapists, podiatrists, a hairdresser, dentist, and ear clinic support the service and visit regularly.</p>

		<p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery.</p> <p>All staff have attended training in Te Tiriti o Waitangi, unconscious bias and health equity. These subjects are also included as annual mandatory topics in the e-learning scheduled. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Health New Zealand. Of the 27-care staff employed, 14 have achieved Level 4, three have achieved Level 3, three are at Level 2 and seven are completing Level 1. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. Staff satisfaction surveys completed in November 2023 and July 2024 revealed no areas requiring improvement.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file, and annual practising certificates (APCs) are checked for employed and contracted registered health professionals.</p> <p>Orientation and induction programmes are fully utilised, and additional time is provided as required. The new staff interviewed described their orientation as providing them with information and an introduction to systems they needed to begin their roles. Cultural and emergency competencies are part of the orientation process. Staff interviewed felt well supported. Staff performance is reviewed and discussed at regular intervals. This was confirmed by the personnel records sampled.</p> <p>Staff ethnicity data is recorded and used in line with health information standards. There are 21 different nationalities</p>

		<p>employed; cultural diversity is celebrated regularly.</p> <p>The staff information held on record is relevant, secure and confidential.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <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>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for NHI registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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>At Fairview Care, residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>When a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed on an entry and decline spread sheet, including decline rates for Māori. This data is shared with the wider organisation and governance team.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>FA</p>	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual/policy requirements. Should Māori residents be residing in Fairview Care staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by interviews of clinical staff, people receiving services and family/whānau. Staff actively integrate the principles of Te Whare Tapa Whā into care planning, ensuring a holistic approach that addresses the physical, mental, spiritual, and family health aspects of each resident's wellbeing.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and whānau. Residents and whānau confirmed active involvement in the process.</p> <p>A quality improvement plan that enhanced residents' wellbeing is rated continuous improvement.</p> <p>Tāngata whaikaha participate in service development through resident feedback, meetings and suggestion boxes. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information and have access to the advocacy service if needed.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities program is managed by two highly skilled diversional therapists, one of whom has received multiple awards and national recognition for exceptional contributions to the field. This program is comprehensive and culturally responsive, designed to help residents maintain and develop their interests. Recognised as an area of excellence, it offers a wide range of individualised and group activities, both within the facility and in the community. The program is tailored to be suitable for the residents' age and stage of life, ensuring that it meets their needs and preferences.</p> <p>Activity assessments and plans are meticulously crafted to identify each resident's unique interests, considering their individual and cultural identities. The activities provided, whether individual or group, reflect the residents' goals and interests, aligning with their usual patterns of life and incorporating normal community activities. There are also specific opportunities for Māori residents and their whānau to engage in te ao Māori, with community initiatives designed to meet the needs of Māori residents.</p> <p>Feedback on the program is regularly gathered through resident and whānau feedback and resident meetings. Those interviewed confirmed that the program meets their needs and that they thoroughly enjoy the variety of activities and entertainment 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>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored</p>

		<p>were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents were supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</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>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook advised that menu options culturally specific to te ao Māori can be provided for Māori and their whānau when needed.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Any discharges and transfers are</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>documented well in the care notes. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. During interview, whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The Building Warrant of Fitness (BWOFF) was current and expires on 21 February 2025.</p> <p>Various external contractors routinely check medical and mobility equipment and appliances. Testing and tagging of electrical equipment occurs annually, most recently in June 2024.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive, with bilingual signage and consumer information displayed in different languages.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Each room has its own accessible bathroom. Hot water temperature testing is reliably carried out on all water outlets, including those used by residents. Environmental temperatures are also monitored. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>The shared spaces suit the needs of the resident group, with several small and large areas available for residents and their visitors to gather, including a library. Residents have access to an enclosed garden and courtyard off the main lounge.</p> <p>The care manager and chief executive officer understood the</p>

		<p>requirement to consult and involve local iwi in the design of new buildings. There are no plans for buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. There are at least 60,000 litres of water stored on site in outdoor water tanks, and sufficient stocks of 10-litre containers of water available and accessible on site. There are two generators (one is fixed, and the other is mobile) on site for use during power outages. Regular tests and trials of these, most recently in September 2023, confirmed sufficient output to power all necessary medical equipment. The facility is fitted with a battery-operated emergency lighting system which switches on as soon as there are power failures.</p> <p>An external certificated evacuation consultant provides education and oversight of the fire evacuation drills. These occur four-monthly, the most recent drill occurring on 3 April 2024. The fire evacuation plan was approved by the New Zealand Fire Service, on 27 February 2006, and there have been no changes to the footprint of the building since then. Staff receive emergency training/information at orientation and then during (at least) annual education sessions. The staff interviewed knew what to do in an emergency. Trained fire wardens are allocated for each shift. All RNs and the majority of HCAs are maintaining first aid certificates. A register of residents and the level of their mobility assistance is kept current. Exit and emergency signage is clearly visible throughout the facility.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau interviewed stated that staff respond promptly to call bells and that they were familiar with emergency and security arrangements, including the use of security cameras which monitor the main areas of the facility, outside perimeter and gardens.</p> <p>The care centre is situated on the second floor of the village. Staff</p>



		ensure that the building is secure, with intentional rounds occurring regularly and the locking of the sliding doors of the main lounge and residents' bedrooms that directly provide access to the garden at sunset.
<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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. These have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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 coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management or the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural and IPC advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. There had been considerable improvements within the IPC service, including enhanced hand hygiene technique and waste management</p>

		<p>practices.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori, and the infection control team regularly deliver targeted IPC education sessions to staff and whānau.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices; however, these are not routinely used in the facility. Single-use medical devices are not reused.</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 responsible use of antimicrobials is actively promoted through a comprehensive antimicrobial stewardship (AMS) program. This program is appropriately tailored to match the size and complexity of the service, supported by well-defined policies and procedures.</p> <p>The effectiveness of the AMS program is regularly evaluated by monitoring antimicrobial use and identifying potential areas for improvement.</p> <p>A notable quality improvement initiative aimed at reducing the use of antibiotic eye drops in residents has demonstrated significant success, marking it as an area of excellence and deserving of recognition.</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-</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at the monthly quality and infection control meetings. A summary report</p>

<p>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>for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice. Ethnicity data is tracked and reported back to the governance body.</p> <p>Communication between service providers and residents who are experiencing a health care-associated infection (HAI) is culturally safe.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports both prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. The process for body waste and infectious substances disposal has been reviewed, and new procedures implemented in early 2024. This type of waste removal is now completed by an external specialist service. Other domestic and food waste occurs according to local government and public health regulations.</p> <p>Laundry and cleaning processes are monitored for effectiveness by internal audits and through resident/relative feedback. Comments about room cleaning received in June 2023 resulted in more cleaning/household staff being employed, additional hours allocated, and system improvements being implemented. There was no negative feedback related to cleaning from the next satisfaction survey in January 2024. Staff involved have completed relevant training in safe chemical handling, health and safety and were observed to carry out duties safely. A new chemical system has been implemented to good effect. All chemicals are decanted into correctly labelled containers using a closed dispensing system, and bulk chemicals and the cleaning trolley were stored safely when not in use.</p> <p>Laundry services are effective, safe and hygienic. Cleaning and laundry staff interviewed said they were happy in their work, and had sufficient hours allocated to manage their workload. Cleaning</p>

		<p>and laundry staff are on site seven days a week.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was also confirmed through observations.</p> <p>The IP coordinator is involved in the testing and monitoring of the environment and said they are consulted when changes are planned.</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>Maintaining a restraint-free environment is the aim of the service. The CEO and CM stated the governance group is committed to this and are kept informed through the board reports. At the time of there were no restraints in use and this has been the case for more than five years. Policies and procedures meet the requirements of this standard should restraint ever need to be used, as a last resort. Alternatives in use were low beds with roll out mats, sensor mats, intentional rounding, and closer staff supervision of restless or agitated residents.</p> <p>The clinical nurse lead is the nominated restraint co-ordinator. This person has an additional signed job description in their personnel file. The role includes providing guidance to staff, residents and whānau in ways that inform and support them to understand the use of alternatives. Whānau/EPOA were involved in decision-making.</p> <p>Staff training records confirmed completion of education related to prevention of restraint, such as implementing the least restrictive and respectful interventions, and distraction techniques. The staff interviewed had a good understanding about the avoidance of restraint.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	CI	<p>Based on resident feedback and data collection, a quality improvement process was implemented in November 2023 to enhance resident quality of life. The initiative was driven by an observed increase in skin tears and scratching related to long fingernails. Dental hygiene was also prioritised due to significant challenges in accessing dental care within aged care settings, resulting in a noticeable decline in residents' dental health and hygiene, which subsequently impacted their mental health and self-confidence. This concern was communicated during resident meetings and one-on-one discussions. All aspects of the project are ongoing to ensure best practices are maintained.</p> <p>The project was executed using the Plan-Do-Study-Act (PDSA) cycle, with documentation, audits and evaluations conducted at regular intervals. New practices were introduced, including changes in resident and staff hand hygiene routines, with an emphasis on</p>	<p>Residents' health has been improved by projects to reduce skin tears and to promote increased attention to oral health. These projects resulted in overall improvements to residents' wellbeing, and increased confidence and self-esteem.</p>

		<p>nail care to reduce skin tear risks, and enhancing gut and oral health. Residents at risk were identified through data collection, and consent was obtained. The focus on boosting resident self-confidence and self-esteem while improving gut and oral health, which can decrease the risk of cardiovascular disease, distinguished this quality improvement process. Staff education and upskilling were integral, with designated times allocated to ensure the program was correctly implemented and additional care provided.</p> <p>Special nail care packs were assembled for ease of access, utilising evidence-based research to ensure their effectiveness. Staff were trained to promote hand hygiene among all residents, and three specific staff members were designated to handle nail trimming and checks from 1 PM to 3 PM. Education was delivered via external online portals and completed by all relevant staff.</p> <p>A body map assessment was conducted on each resident on the 1st and 2nd days of each month, with subsequent assessments every three months to monitor skin integrity and improvements.</p> <p>The Infection Prevention and Control (IPC) team secured a mobile dental care service to provide comprehensive dental care, including cleaning, plaque removal, polishing, and denture cleaning. Advice on ongoing dental hygiene was provided to both residents and staff. These services are available monthly, with residents booked according to their risk level.</p> <p>Regular audits by clinical staff monitor the program's effectiveness. Results indicated improvements in general mental health and well-being, dental health, and a significant reduction in skin tears and skin breakdown. Feedback from residents and their families in July 2024 included 30 compliments, with residents reporting improved self-confidence and self-esteem. Resident feedback forms indicated an increase in well-being from</p>	
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		<p>85% on October 3, 2023, to 98.3% on February 8, 2024.</p> <p>Allied health care workers visiting the facility have also praised the initiative.</p>	
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The program is managed by two trained diversional therapists who design activities that develop residents' strengths, skills, and interests while being culturally responsive. Activities are personalised based on individual preferences, past life experiences, and hobbies. Examples include "Move Your Body" exercise classes, book club, KinderCare visits, chair yoga, church services and prayers including karakia, word and spelling games, one-on-one visits, entertainment, and various social clubs. Regular bus trips have garnered positive feedback from residents, and both residents and staff participate in cultural events such as kapa haka and Matariki celebrations. Beer, wine, coffee, and chocolate tasting sessions are popular, receiving positive feedback from all participants. Personalised gifts for Father's Day and Mother's Day, and the residents' involvement in developing the activity program further enhance the experience. Monthly newsletters highlight and showcase the facility's activities, which also include special event celebrations such as birthdays, anniversaries, King's Birthday, and Elder Abuse Day recognition.</p> <p>The lead activity coordinator's impressive achievements include winning the Judy Cooper Diversional Therapy Award and the National Diversional Therapy Award for their contributions to elderly care.</p> <p>Of note is the diversional therapy chair yoga initiative, which has gained national recognition and media coverage. This activity is now being implemented nationwide, with the diversional therapist assisting and educating other organisations. Additionally, the</p>	<p>The activities program at Fairview Care is an exemplary model, deserving a continuous improvement rating for its excellence.</p>



		diversional therapy team has been invited to join the National Diversional Therapy Board, further cementing their expertise and influence in the field.	
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	CI	<p>Antimicrobial and infection data analysis revealed a significant increase in eye infections and the use of chloramphenicol antibiotics. In response, Fairview Care initiated a quality improvement project employing the PDSA (Plan-Do-Study-Act) cycle to address this issue. The practice changes included enhanced hand hygiene techniques and the implementation of twice-daily eye toileting for at-risk residents. This procedure involved using warm water, cotton balls, gauze, and mild soap.</p> <p>As part of the initiative, baseline data was collected before the project's commencement and regularly analysed throughout the practice change period. An easily interpretable graph showed a marked improvement in infection rates.</p> <p>Staff received thorough training on the eye toileting technique and enhanced hand hygiene practices. Residents were also educated, and a flow chart was created to streamline and reinforce the new practice. The project was cost-effective, with the only additional expense being the purchase of new cotton balls. Staff reported increased confidence in the new practices.</p> <p>The data showed a consistent monthly decrease in eye infections and the use of chloramphenicol eye drops over several months following the implementation of the eye toileting technique. The PDSA cycle was meticulously documented, and a final evaluation was conducted at the end of the project period.</p> <p>The results indicated that eye infections had been eliminated for four months post-implementation. This initiative significantly improved resident health, enhanced infection control practices, and reduced the</p>	<p>Eye infections were eliminated, thus improving resident health, enhancing infection control, and reducing antimicrobial drop use.</p>

		use of antimicrobial drops in the facility.	
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End of the report.