

Clair House Limited - Claire House Aged Care Facility

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 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:	Clair House Limited
Premises audited:	Claire House Aged Care Facility
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 August 2024 End date: 2 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:	56

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Claire House provides rest home level of care beds for up to 57 residents. There were 56 residents on the days of the audit. The owner/manager is supported by two assistant managers and the nursing team.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora - Te Toka Tumai Auckland. The audit process included reviewing quality systems, residents and staff files, observations, and interviews with residents, relatives, staff, management, and a general practitioner.

The service continues to implement a quality and risk management system. Residents and relatives interviewed were complimentary of the service and care provided.

This certification audit identified the service meets the intent of the standard.

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.
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Claire House provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Claire House provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

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

Hunga mahi me te hanganga | Workforce and structure

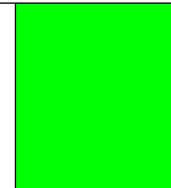
Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The business/risk management plan for 2023-2024 includes the scope, direction, goals, values, and mission statement of the organisation. 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. Quality improvement projects are implemented. Internal audits, meetings and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is being implemented. The owner/manager is the designated health and safety officer. Hazards are identified with appropriate interventions implemented. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practices. A role-specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents' assessed needs, with appropriate interventions.

Activities are planned to address the residents' needs and interests as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place.

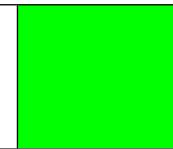
The organisation uses an electronic medication management system to prescribe and administer medications. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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.



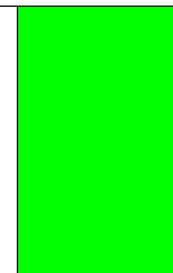
Subsections applicable to this service fully attained.

The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Clinical equipment has been tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Emergency equipment and supplies are available. There is an approved evacuation scheme, and fire drills are conducted six monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. 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.

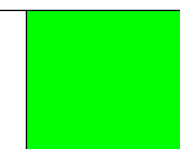
The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is suitable to the size and complexity of the service. The registered nurse coordinates the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. The service experienced COVID-19 infection outbreaks in November 2023, February 2024 and May 2024, and this was managed according to Ministry of Health guidelines.

The environment supports the prevention and transmission of infections. The environment and facility were clean, warm, and welcoming. 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.
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The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is a registered nurse. Restraint training which includes behaviours that challenge and de-escalation strategies, is completed as part of the mandatory training plan.

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	0	168	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>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. The Māori health plan policy includes a commitment to the concepts of Te Whare Tapa Whā model of health, and the provision of services based on the principles of mana motuhake.</p> <p>The owner/manager, assistant managers, and their team are committed to providing services in a culturally appropriate manner and ensuring that the integrity of each person’s culture is acknowledged, respected, and maintained. The service has a Māori staff member (cleaner), who is affiliated with iwi Ngāti Whātua, and acts as a Māori cultural advisor. She provides guidance and support for Māori residents and their family/whānau. The service had residents who identified as Māori at the time of the audit.</p> <p>Claire House is committed to providing a responsive and inviting service for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Initiatives included culturally appropriate menu choices, welcoming processes for new residents and staff, recruitment of Māori staff through</p>

		<p>education and embedding a culture of acceptance.</p> <p>Residents and family/whānau reported they are involved in providing input into the resident's care planning, activities and their dietary needs. One owner/manager, two assistant managers and thirteen staff members (including two registered nurses (RN), six healthcare assistants (HCA), two cooks, two cultural advisors/cleaners and one activities coordinator) interviewed described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau and psychological health of the residents.</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>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission, all residents state their ethnicity. At the time of the audit, no residents identified as Pasifika. Individual cultural beliefs are documented in each resident's care plan and activities plan. Family/whānau are encouraged to be present during the admission process, and the service welcomes input from the resident and family when documenting the initial care plan.</p> <p>The service actively encourages and supports any staff that identify as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has a Pasifika staff member (cleaner), who has links with local pacific community groups/churches (Fijian and Tongan) and acts as a Pacific cultural advisor.</p>
Subsection 1.3: My rights during service delivery	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in

<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>multiple locations. Details relating to the Code are included in the information provided to new residents and their family/whānau. The owner/manager or assistant manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the monthly resident and family/whānau meetings. Seven residents and five family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry information pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake, independence, sovereignty and authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The resident and family/whānau satisfaction survey results (February 2024) confirmed that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their personal choices, values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Eight resident files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified.</p>

		<p>A spirituality policy is in place. Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Resources referencing Te Tiriti o Waitangi are available for residents and staff.</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>A staff code of conduct is discussed during the employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment and bullying. All staff are held responsible for creating a positive, inclusive and safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents are prioritised. A review of resident care plans identified goals of care, including interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect, last completed in August 2023. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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</p>	<p>FA</p>	<p>Information about the service (including the Health and Disability Commission (HDC) Code of Health and Disability Services Consumer Rights (the Code), and complaints management) is provided to residents and family/whānau on admission. Resident and</p>

<p>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>family/whānau meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify whānau/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if the next of kin have been informed (or not). This is also documented in the progress notes. Eleven accident/incident forms reviewed identified family/whānau/next of kin are kept informed and this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English.</p> <p>Healthcare assistants interviewed described how they would assist any resident who did not speak English with interpreters or resources to communicate, as the need arises. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services. The owner/manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Eight resident files were reviewed, and written general consents sighted for outings, photographs, the release of medical information, medication management, and medical cares were included and signed as part of the admission process. Residents had signed specific consent for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain consent for entering rooms and personal care.</p> <p>The resident or the enduring power of attorney (EPOA) appropriately signs the admission agreement. The service welcomes the</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' clinical file and activated as applicable for residents assessed as incompetent to make an informed decision. Training related to the Code, informed consent and EPOAs is part of the mandatory education programme.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed; where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussions with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</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 provided to residents and families/whānau on entry to the service and is available in English and te reo Māori. The owner/manager is responsible for maintaining the complaints register and managing all complaints. There have been four complaints made in 2023, and two received in 2024 year to date since the last audit in June 2023. Minor concerns were also captured on the complaints register. The complaints reviewed included evidence of acknowledgement, investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission (HDC). There have been no complaints from external agencies. Discussions with residents and family/whānau confirmed they are provided with information on complaints, with complaints forms and advocacy brochures being available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through an</p>

		<p>advocate). Resident meetings are held monthly and provide another avenue for residents to voice their concerns. The management team and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures. Residents and family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The owner/manager and assistant manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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>Claire House is certified to provide rest home level care for up to 57 residents. At the time of the audit, there were 56 residents, including five residents on a long-term support -chronic health conditions contract (LTS-CHC) and one resident as a boarder under a private contract. The remainder of the residents were under the age-related residential care (ARRC) agreement. There is one double room, which was being shared at the time of audit. Privacy for both residents was maintained.</p> <p>The business/risk management plan (2023-2024) is current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term business objectives and the associated operational plans. The business/risk management plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha. The owner/manager reported that the service will ensure that residents maintain links with the community in all aspects of their care. Monthly management meetings provide an opportunity to review operations and progress towards meeting the business objectives.</p> <p>The owner/manager, assistant managers and RNs meet regularly to analyse the quality data. Clinical governance is the responsibility of the two RNs. The owner/manager meets regularly with the assistant managers and RNs to facilitate the link between management and</p>

		<p>governance. The owner/manager and one of the assistant managers analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery. The annual resident satisfaction survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with the owner/manager, assistant managers, RNs, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care. There is collaboration with staff who identify as Māori for advice where required. Policies and procedures have been developed by an external contractor with input from Māori. The owner/director has completed training in relation to Te Tiriti o Waitangi and cultural safety.</p> <p>The owner/manager (non-clinical) has owned the service for 39 years and is supported by two experienced assistant managers. One of the assistant managers oversees the clinical systems, and the other manages the operational systems. The management team is supported by two RNs and an experienced care team. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector.</p> <p>The owner/manager and assistant managers have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility, including completing leadership, privacy, and leading and motivating people courses.</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</p>	<p>FA</p>	<p>Quality and risk management systems are implemented with initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. There is a documentation policy that includes a process of reviewing policies at regular intervals to meet Ngā Paerewa NZS 8134:2021 and reflect good practice. The quality and risk plan is monitored through a series of meetings and reports. Meetings include monthly continuous quality improvement (CQI), management and facility staff meetings. The RNs are responsible for collecting adverse event data. Quality data around falls, skin tears, infections, and other adverse events is collected. The quality data is displayed on the staff</p>

<p>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>noticeboard. Quality data analysis and trends are collected and documented to identify opportunities for improvement.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the owner/manager when completed. Residents and family/whānau are surveyed to gather feedback on the service provided, and the outcomes are communicated to residents, staff, and families/whānau. The resident satisfaction survey for February 2024 reported a high overall satisfaction for all areas of service delivery. There were corrective actions required in relation to resident rights/privacy dignity and the laundry service. Residents and family/whānau interviewed advised that they were overall satisfied with the care and service they received.</p> <p>There is an implemented health and safety and risk management system in place. The owner/manager is the designated health and safety officer. Hazard identification forms and a hazard register are in place, last reviewed on 28 May 2024. Health and safety is included in the orientation and annual staff training programme. Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service collects data relating to adverse, unplanned and untoward events. This includes incident and accident information reported by staff on a paper-based system. Incident reports are completed for each incident/accident. Results are discussed in the CQI and facility staff meetings and at handovers.</p> <p>Discussions with the owner/manager and assistant manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no events reported that required a Section 31 notification. Covid-19 outbreaks in November 2023, February 2024, May 2024 were recorded and reported to Public Health authorities since the last audit.</p>
<p>Subsection 2.3: Service management</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels</p>

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>and skill mixes for safe service delivery. The facility adjusts staffing levels to meet the changing needs of residents. The owner/manager works fulltime from Monday to Friday and is available 24/7 for any operational related issues (she lives onsite). The assistant managers each work 32 hours per week from Monday to Friday. They are supported by two RNs, working between 8.00 a.m. to 4.00 p.m. and 9.00 a.m. to 5.00 p.m. respectively. The RNs share the on call 24/7 duties for any clinical concerns. Both RNs live relatively close to the facility for any emergency situations. Rosters from the past four weeks showed that all shifts were covered by experienced HCAs, with support from the owner/manager, assistant managers and RNs.</p> <p>The RNs are supported by sufficient numbers of HCAs on duty. There are two HCAs on the morning shift (7.00 a.m. to 3.00 p.m.), one on the afternoon shift (3.00 p.m. to 11.00 p.m.) one on the night shift (11.00 p.m. to 7.30 a.m.) in each of the three Houses, Claire House (16 of 16 residents), Clairemont House (18 of 18 residents) and Fleurmont House (18 of 18 residents, one was a private boarder). There is one HCA on the morning shift (7.00 a.m. to 12.00 p.m.) in Claire Villa (5 of 5 residents), the owner/manager is on call for Claire Villa in the afternoon and night shifts. There is always a first-aided trained staff member on-site 24/7. Residents, family/whānau and staff interviewed stated there were sufficient staff on duty to safely deliver resident's care.</p> <p>There is an annual education/training schedule being implemented for 2024. The education and training schedule lists compulsory training, which includes online and in-service training. A review of training identified compulsory training has been provided. The training included the provision of cultural safety and Te Tiriti o Waitangi. The training content provides resources for staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training days provided by Health NZ -Te Toka Tumai Auckland. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-two HCAs are employed, four HCAs have achieved a level two, one has completed a level three, and seventeen HCAs have achieved level four NZQA qualifications.</p>
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		<p>Claire House's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All HCAs are required to complete annual competencies, including (but not limited to) restraint, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. The RNs complete competencies for medication administration, wound management, insulin/warfarin administration, restraint, syringe driver and interRAI assessments. A record of completion is maintained. There are two RNs, and both were interRAI trained. Care staff are encouraged to complete additional training opportunities where available. Staff wellness is encouraged through participation in health and wellbeing activities, to balance work with life. Staff interviewed reported feeling well supported and safe in the workplace. The owner/manager reported that the model of care ensured that all residents are treated equitably.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored electronically. Seven staff files reviewed (one assistant manager, one RN, four HCAs and one cultural advisor/cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their onboarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy in place. All staff who have been employed for over 12 months have an annual appraisal on file. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe</p>

		environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff accident/incident, evidence of debriefing and follow-up action taken are documented.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up and password protected. There is a documented emergency management plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</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>A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the residents, enduring power of attorney (EPOA)/whānau/family of choice, and, where appropriate, local communities and referral agencies. Completed Needs Assessment and Service Coordination (NASC) authorisation forms for long-term support chronic health conditions (LTS-CHC) and rest home level of care residents were sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau and residents were updated where there was a delay in entry to the service. This was observed during the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient</p>

		<p>information regarding the services provided.</p> <p>The registered nurses (RNs) and the assistant manager reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this and other options or alternative services and are referred back to the referral agency.</p> <p>There were residents who identified as Māori. The organisation has a process to combine a collection of ethnic data from all residents and the analysis of the same for the purposes of identifying entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p> <p>The RNs, assistant manager, and the general practitioner (GP) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>Eight files for rest home level of care residents were reviewed, and these included three LTS-CHC residents. The registered nurses are responsible for conducting all assessments and for the development of care plans. Initial assessments and interRAI assessments were all completed within the required timeframes. Initial care plans were developed, and long-term care plans were all linked to interRAI assessments with all triggered outcomes scores identified. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms. The LTS-CHC's resident care plan integrated normal routine, hobbies, and social well-being. The residents (interviewed) described how the service supports them to maintain family/whānau relationships.</p> <p>Residents and family/whānau interviewed reported that the interventions that occurred and developed were appropriate and effective. All assessment tools included consideration of residents' lived experiences, cultural needs, values, and beliefs.</p>

	<p>The RNs reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident's files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health quality and wellbeing of the residents.</p> <p>The GP visits monthly and after hours; residents are transferred to the hospital for any urgent or acute concerns. Three monthly reviews were completed promptly or where required. The assessments completed informed the development of residents' person-focused care plans.</p> <p>Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. The goals sampled in the care plans reflected identified residents' strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. There were detailed documented strategies to maintain and promote residents' independent well-being. The RNs reported that all referrals for residents who need behavioural support are sought from other agencies, such as the community mental health team.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP expressed satisfaction with the care provided. The mental health team follow up and administer injections either two weekly or monthly to residents under their care.</p> <p>Staff reported that sufficient and appropriate information was shared</p>
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		<p>between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed, and more often, if there were any resident health condition changes. A multidisciplinary approach promotes continuity in service delivery, including the GP, registered nurses, physiotherapists, mental health, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the GP, care staff, and registered nurses, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring, blood glucose monitoring, behaviour monitoring charts, bowel charts, and food intake and output charts. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow-up.</p> <p>At the time of the audit, there was one minor active wound, which was almost healed.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The RNs reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. There were residents who identify as Māori. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to</p>	<p>FA</p>	<p>Activities are conducted by the activities coordinator from Monday to Friday, with weekends reserved for family/whānau visits or outings. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two</p>

<p>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>weeks of admission in consultation with the family/whānau and residents. Each resident had a care plan developed detailing the past and present activities. A two-weekly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on notice boards to remind residents and staff.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, family/whānau and HCA's. The activities were varied and appropriate for residents' assessed needs. Activities of choice for all residents were developed as required. The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate behaviours that challenge. Activity progress notes and activity participating register were completed weekly. The residents participated in activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The activities coordinator reported that activities were provided separately in the two respective houses, and they were conducted as a group when an external person was visiting. Activities on the respective planners included quizzes, bingo, mini golf, group walks to the shops, sing-along bunny from Auckland libraries, hangman, bowls, one wish, birthday celebrations, outings, and exercises. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives for all residents (as appropriate) once a month. Resident meetings (monthly) provide a forum for feedback relating to activities.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori are facilitated through community engagements with traditional leaders and by celebrating religious and cultural festivals and Māori language week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>The medication management policy is current and in line with the</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>Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. A total of 16 medicine charts were reviewed, and these included five LTS-CHC resident charts. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures was conducted regularly in all five storage areas checked, and deviations from normal were reported and attended to promptly. Records were sighted. The prescriber considers over-the-counter medication and supplements as part of the person's medication, as noted on the day of the audit.</p> <p>The care staff were observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, five locked treatment rooms, and cupboards. Appropriate processes were in place to ensure residents who were self-administering medicines did so safely. No residents were self-administering medications. A self-medication policy was in place when required. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by</p>
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		Māori, appropriate support and advice would be provided.
<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 kitchen service complies with current food safety legislation and guidelines. The cooks reported that all food and baking are prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires in April 2025. The registered dietitian reviewed the menu on 15 April 2024, and it was current. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying dietary requirements, likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and at night when required.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective houses in scan boxes. All decanted food had records of use by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, 'boil-ups', hāngi, Māori bread, and pork were included on the menu, and these are offered to any residents who identify as Māori when required.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The RNs reported that discharges normally go into similar facilities. The RNs oversee discharges and manage the process until residents exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a subsequent GP requires a resident's information, a written request is required to transfer the file.</p> <p>The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</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,</p>	<p>FA</p>	<p>The three separate care villas (Claire House/Clairemont, Fleurmont House and the five-bed villa) all have a current building warrant of fitness that expires on 30 September 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area.</p>

<p>independence, interaction, and function.</p>	<p>The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The maintenance officer and certified tradespeople carry out reactive maintenance where required. The maintenance officer works five hours a week and is on call when required. Maintenance requests are logged through a maintenance request book. The contracted gardener works one day a week. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The service has 57 beds in total. The building structures included, Claire house has 16 beds, including 13 shared ensuites, and a single room and a double room that share a separate bathroom. The double room was occupied and had a dividing door to maintain privacy. Clairemont house has 18 beds, with a ground floor with eight shared ensuites and a top floor with two single ensuites and eight shared ensuites; Fleurmont house (also 18 beds) has a ground floor with nine shared ensuites, one single ensuite, and a top floor with eight shared ensuites. The villa has five bedrooms, with three rooms that share a bathroom and another two bedrooms that share another bathroom.</p> <p>All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate. Residents interviewed reported being able to move around the facility, and staff assisted them when required. Activities take place in the lounge areas.</p> <p>Residents' rooms are personalised according to their preferences. Rooms, shower rooms, and toilets are suitable sizes to accommodate mobility equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating. There is thermostatically controlled electrical and underfloor floor heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have</p>
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		<p>seating and shade. Safe access is provided to all communal areas. Residents who smoke do so in designated smoking areas, and this was observed on the audit days.</p> <p>The assistant manager reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergencies. The New Zealand Fire Service approved a fire evacuation plan that was in place and is currently in effect. A trial evacuation drill was performed on 30 May 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all required fire equipment within the required timeframes. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, two portable generators and a gas BBQ to meet the requirements for 57 residents, including rostered staff. The amount of emergency water available met the National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. The registered nurses and a selection of HCA's hold current first aid certificates. There are first aid-trained staff members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance officer checks monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds</p>

		<p>to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours.</p> <p>A visitors' policy and guidelines are available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>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 and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. The infection prevention and AMS programmes have been approved by the owner/manager, are linked to the quality improvement system, health and safety programme, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, any issues and/or significant events to the owner/manager.</p> <p>An emergency pandemic plan is documented and has been reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing the ongoing current pandemic. Training records are well maintained.</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 service has a documented infection prevention and control programme that is reviewed annually. The external consultant and the owner/manager complete the review. The registered nurse is the appointed infection prevention and control coordinator (IPCC). A position description for the IPCC was in place.</p> <p>The service has a pandemic plan and guidelines to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE), and hand sanitisers in stock. Hand-washing audits were completed as per</p>

	<p>schedule. Staff are advised not to attend work if they are unwell, or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 were regularly updated.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff at the service. Care delivery, cleaning, laundry, and kitchen processes were reviewed and observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing techniques, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes handwashing procedures, donning and doffing of personal protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The registered nurse reported they work in consultation with Health New Zealand Te Whatu Ora - Te Toka Tumai Auckland infection control specialist in procurement processes for equipment, devices, and consumables. The owner/manager, assistant manager, and registered nurse reported that there were processes in place for early consultation with the infection prevention personnel in the event of any new building or when significant changes are proposed to an existing house. In an interview conducted, the registered nurse reported that single-use medical devices are not re-used at the service. Policies and procedures are in place regarding reusable and single-use equipment. All shared equipment is appropriately disinfected between uses, and internal audits have been updated to include this.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
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<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>	<p>FA</p>	<p>The AMS programme was approved by the owner/manager in consultation with an external consultancy. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The registered nurse is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. The IPCC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate and recommended for the service type and is in line with the priorities defined in the infection control programme. The data is collated and analysed every month to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at general staff and management meetings, and are included in reports to the owner/manager. All infection data is compiled and reported monthly. Evidence of completed infection control audits was sighted.</p> <p>The staff interviewed confirmed that they are informed of infection rates as they occur. The registered nurse stated that the GP was informed on time when a resident had an infection. The GP prescribed appropriate treatment for all diagnosed infections. Culturally safe communication processes are provided when required.</p> <p>The service is including ethnicity data in the surveillance of healthcare-associated infections. There were Covid-19 infection outbreaks in November 2023, February 2024, and May 2024 that was managed</p>

		according to policy guidelines and national requirements.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances to protect staff and visitors. Domestic waste is removed as per local authority requirements. Cleaning services are provided by an external cleaning services provider. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room. Cleaning products were in labelled bottles. Cleaners ensured that the trolleys were safely stored in the cleaners' room when not in use. Enough PPE was available, including masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The laundry staff have received chemical safety training. All laundry is washed off-site or by family members if requested. In the storage laundry room (on site), there is a clear separation between handling and storage of clean and dirty laundry. The effectiveness of cleaning and laundry processes was monitored by the internal audit programme. Residents and family/whānau confirmed satisfaction with the cleaning and laundry processes.</p> <p>The owner/manager and maintenance officer have oversight of the facility testing and monitoring programme for the built environment.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Claire House is committed to providing services to residents without the use of restraint. At the time of the audit, no residents were using restraint. The owner/manager confirmed that the organisation's governance supports a no-restraint stance. The designated restraint coordinator is an RN. Systems are in place to ensure restraint use (if any) will be reported. Policies have been updated to reflect Ngā Paerewa NZ 8134:2021.</p> <p>The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of the device must be the least restrictive possible. At all times</p>

		<p>when restraint is considered, Claire House will work in partnership with Māori to promote and ensure services are mana-enhancing. The restraint approval process includes the resident, EPOA, GP, and restraint coordinator. Restraint training, which includes behaviours that challenge and de-escalation strategies, is completed as part of the mandatory training plan, last completed in July 2024.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.