

Claud Switzer Memorial Trust Board - Switzer Residential Care

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: Claud Switzer Memorial Trust Board

Premises audited: Switzer Residential Care

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

Dates of audit: Start date: 21 August 2024 End date: 22 August 2024

Proposed changes to current services (if any): The service applied for a reconfiguration (letter dated 21 December 2023) to convert the previous hairdressing salon to a hospital level room.

The room was verified as suitable for hospital level care. Overall bed numbers are now 31 hospital, 22 dual purpose, 18 rest home, 15 dementia and 7 beds for younger people with a disability (YPD).

Total beds occupied across all premises included in the audit on the first day of the audit: 88

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

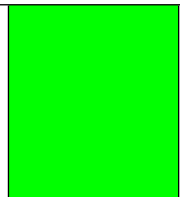
Switzer Residential Care provides rest home, hospital (medical and geriatric), residential disability (physical), and dementia levels of care for up to 93 residents. There were 88 residents on the days of audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021, contracts with the Health New Zealand - Te Whatu Ora, and Whaikaha - Ministry of Disabled People. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The chief executive officer is appropriately qualified and experienced and is supported by a clinical nurse lead (both are registered nurses), business manager, facilities manager, and wider team. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified areas for improvement related to care plan interventions, monitoring charts, care plan evaluations, medication management and hot water temperature monitoring.


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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Switzer Residential Care 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. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family are kept informed. The rights of the resident and/or their family 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 plan includes a mission statement and operational objectives The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. 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.

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

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. The clinical nurse lead and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Resident files included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Snacks are available 24/7.

The diversional therapists implement an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent healthcare assistants are responsible for administration

of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating. The facility vehicles have current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau 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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been four outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these 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.

There is governance commitment to minimise restraint use in the facility. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the service had residents using restraints. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. Restraint training and competencies are included as part of the education and 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	26	0	2	1	0	0
Criteria	0	175	0	4	1	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>The Switzer Residential Care Māori Health plan 2024-2029 acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>As part of staff training, Switzer Residential Care incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing, and Te Tai Tokerau Hauora – Northland Health Strategy. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant Tikanga guidelines in the form of policy and Tikanga best practice flipcharts which are displayed in numerous locations.</p> <p>The service has links with local iwi through the Board of Trustees, iwi representatives, and through current staff members; with kaumatua and kuia being available to support the organisations cultural journey.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the Māori</p>

		<p>health plan and tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Twenty staff members interviewed; six healthcare assistants (HCAs), four registered nurse (RN), two enrolled nurses (EN), two housekeepers, a training coordinator, H&S/quality coordinator, HR administrator, one diversional therapist, kitchen regional operations manager, and relieving kitchen manager 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>	<p>FA</p>	<p>Switzer Residential Care recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, written in consultation with Pasifika staff members, with policy based on the Te Mana Ola: Pacific Health Strategy, and the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in a number of different languages according to resident need.</p> <p>On the day of audit there were no Pasifika residents living at Switzer Residential Care. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>Interviews with staff members (including Pasifika staff), four rest home residents, one hospital resident, and ten relatives (one rest home, three hospital, one dementia, and five younger people with a disability [YPD]) confirmed the service is a welcoming place for all cultures, and the recruitment processes support this. The service can consult with Pacific Island staff, a Samoan cultural group leader, and industry advisors who</p>

		identify as Pasifika to access community links and continue to provide equitable employment opportunities for the Pasifika community.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The CEO, or clinical nurse lead discusses aspects of the Code with residents and their whanau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/whanau meetings. All residents and family/whanau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whanau. There are links to spiritual support through local churches. Church services are held weekly.</p> <p>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.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, 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</p>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is</p>

<p>experiences.</p>		<p>responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed most recently in August 2023 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau. The YPD family/whānau interviewed confirmed that young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. 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 and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with 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</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new 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 a safe working environment. Staff are encouraged to address issues of racism and to</p>

<p>safe and protected from abuse.</p>		<p>recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included 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. Staff are educated on how to value the older person, showing them respect and dignity. Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, are protected from abuse and neglect, and their property is respected. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>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 wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and whanau on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify whanau/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified whanau/next of kin are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>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. HCAs and the</p>

		<p>registered nurse interviewed described how they are able to assist residents that do not speak English with interpreters or resources to communicate as the need arises. The family/whānau interviewed confirmed that language and communication needs are met, and use of alternative information and communication methods are available and used where applicable.</p> <p>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 next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The clinical nurse lead and nurses confirmed there is an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>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>There are policies around informed consent. Ten resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Residents utilising either of the two shared rooms give their informed consent, agreeing to having a shared room with other residents. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or</p>

		welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents in the secure dementia unit, and in other areas where required.
<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>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaints register. There have been ten complaints in 2024 year to date (five relating to the same minor topic on the same day), and six in 2023 since the previous audit in April 2023. There have been no external complaints. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff and quality meetings. Complaints are a standard agenda item in all staff, quality, clinical, and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. Communication is maintained with individual residents with updates one on one, and at a weekly discussion point gathering. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>Switzer Residential Care is located in Kaitaia, Te Tai Tokerau. Switzer Residential Care provides care for up to 93 residents at rest home, hospital (medical and geriatric), residential disability (physical), and dementia levels of care. There are 18 dedicated rest home beds, 31 hospital, 15 dementia, 7 residential disability, and 22 dual purpose (as per MOH letter dated 21 December 2023). There are two double rooms, which were both occupied on the days of audit (one with two females, and the other with two males).</p> <p>On the day of the audit there were 88 residents; 32 rest home, including one younger person with a disability (YPD), and one funded by ACC; 42 hospital residents, including one respite, and six (YPD). There were 14 residents in the secure dementia unit.</p> <p>All residents apart from the ACC, respite, and YPD were under the aged related residential care (ARRC) agreement.</p> <p>Switzer Residential Care has a current business plan (June 2024 - 2025) in place with clear goals to support their documented vision, mission, and values. The values espouse compassion, quality, innovation, individuality, and respect. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. The family/whānau interviewed confirmed that the service’s organisational philosophy reflects a person/family centred approach.</p> <p>The current business plan includes a mission statement and operational objectives with site specific goals. The management team report to the CEO, who liaises with, and acts as a conduit to the Board of Trustees.</p> <p>The CEO and Trustee interviewed confirmed the overarching strategic plan (2019-2039), its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There are community links that provide advice to the trustees in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Switzer Residential Care are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori</p>
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		<p>and tāngata whaikaha.</p> <p>The Board of Trustees consists of three members, including the chair. There is local iwi representation, and clinical governance is provided by the CEO and CNL (both registered nurses). The management team and trustees have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The quality programme includes quality goals (including site specific business goals) that are reviewed monthly in meetings.</p> <p>The service is managed by an experienced CEO who has been in her current role for five years (extensive background in aged care and nursing), and a clinical nurse lead who has worked in this role for three years, and has over 30 years of experience in aged care. The CEO liaises with the Board of Trustees on a monthly basis. They are supported by a business manager, facilities manager, H&S and quality coordinator, a HR/admin coordinator, training coordinator, and an experienced care team.</p> <p>The CEO and clinical nurse lead have both maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Wha and te ao Māori.</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>Switzer Residential Care has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. All staff completed cultural safety training to ensure a high-quality service is provided for Māori. The service continues to embark on a cultural change process to complete the implementation of the Eden Alternative at Switzer, which started in 2014. This Quality Improvement Initiative is ongoing, and the service continues to make good progress, which was observed whilst walking around the facility. There is ongoing training with the view to have another three-day training towards the end of 2024 to become an Eden</p>

		<p>Associate.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and any new policies or changes to policy are communicated to staff.</p> <p>Regular management meetings, monthly quality, and quarterly full staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at staff and quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvements relating to falls prevention and skin care (including reducing skin tears and pressure injuries) have been identified and results are benchmarked.</p> <p>The resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and senior management meetings, with the H&S and quality coordinator undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in June 2024. Health and safety policies are implemented and monitored by the health and safety officer. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering employees an employee assistance programme.</p>
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<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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The service has installed a cloud based rostering system which supports staff ratios in a timely manner. The management team are available Monday to Friday and share an on-call roster. Interviews with HCAs, RNs, ENs and management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Staff complete the majority of their education via an online learning platform which has over 90 courses available; these include topics specific to the needs of younger people with disabilities and the Eden Model of care. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 65 HCAs,</p>

		<p>42 have achieved a level 3 NZQA qualification or higher. There are nine HCAs working regularly in the secure dementia unit, of whom eight have achieved their dementia unit standards. One HCA is still in progress and is within the 18-month time limit. There are a further 11 staff who hold dementia unit standards.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Five RNs are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</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 on an electronic database. Eleven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding 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. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>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 programmes support RNs and HCAs to provide a culturally safe</p>

		<p>environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files (pre-electronic resident management system) are securely stored in a locked room and are easily retrievable when required.</p> <p>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</p>	FA	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine long-term and one short-stay admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information</p>

<p>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>		<p>pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The CEO and clinical nurse lead are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The service has linkages with local Māori communities and there are Māori staff who are available to provide support for Māori residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Ten files were reviewed for this audit: four hospital files including one respite, three dementia files and three rest home files including one resident on an ACC contract, and one resident on younger person with a disability (YPD) contract. The registered nurses are responsible for conducting all residents' assessments, care planning and evaluation of care. Initial care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which includes cognitive function, continence and toileting, dietary needs, emotional, stress, relationship, behaviour, hygiene, mobility, transfer, falls risk, spiritual, cultural, and social needs, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled (with the exception of the resident on the ACC</p>

	<p>contract and YPD) had been completed within three weeks of the residents' admission to the facility. For the resident on the ACC and YPD contracts, appropriate risk assessments were completed that informed the care plan including medical, spiritual, cultural, and social needs. The care plans for younger residents evidenced choice and control. There was evidence residents and family/whanau are involved in care planning. Residents preferences, routines, and community activities and all physical, social and medical needs were detailed. All residents in the dementia area have a behaviour assessment completed on admission with associated risks. The assessments identified the type of behaviours presented and triggers; however, there were no detailed strategies for managing/diversion of behaviours, or a 24-hour reflection of close to normal routine for the resident to assist healthcare assistants in management of the resident behaviours. Documented interventions are not always comprehensive enough to meet the residents' assessed needs, and direct comprehensive care delivery. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, and commencement of short-term care plans to meet the acute changes in healthcare needs of the residents. However, short term care plans were not always commenced for short term needs in the files reviewed.</p> <p>For Māori residents receiving care at the time of the audit, registered nurses completed a Māori health care plan which described the support required to meet resident's needs. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the GP or NP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP or NP visits when the resident's condition is considered stable. There is a team comprising of the GP and NP who provide service face to face and virtual clinics. The GP visits the facility weekly, and the nurse practitioner visits twice a month for face to face visits and provides</p>
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	<p>twice weekly virtual clinics. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. After hours, the facility continues to access the GP/NP service for on-call service with referral to emergency department as required. A physiotherapist visits the facility weekly for up to six hours and reviews residents referred by the registered nurse. The service also contracts a chiropractor who visits weekly. A speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, GP/NP visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were 28 active wounds from 18 residents. These included one resident with three stage 2 pressure injuries (bilateral heel and toe), skin tears, incontinence associated dermatitis, lesions, basal cell carcinomas, bruises, and chronic ulcers. Referrals were completed to the high-risk foot clinic and wound nurse specialists at Health New Zealand for complex wounds requiring specialist input. Recommended plans were incorporated into the wound management plans.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP or NP. There was evidence the registered nurse has added to the progress notes when there was an incident and</p>
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		<p>changes in health status.</p> <p>Monthly observations such as weight, temperature and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. They stated that there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are scheduled to be formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. However, not all care plan evaluations included the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities team is made up of the diversional therapy (DT) team leader (working 40 hours a week) who is supported by one other diversional therapist (working 40 hours a week) and a part time activities coordinator to provide a seven-day cover across the three levels of care. There is always staff assigned to the dementia unit to support with the activity requirements of the residents. There is equipment left out for the healthcare assistants to access afterhours. The service has 25 volunteers with relevant experience who come and support the residents with varying activities. The DT team leader is responsible for maintaining the volunteer database and coordinating their activities. The programme is planned monthly and there is a weekly programme placed in large print on noticeboards in all areas.</p>

	<p>Residents also receive their own copy.</p> <p>Activities include (but are not limited to) exercises; baking; crafts; games; quizzes; entertainers (every fortnightly happy hour); crosswords; gardening; board gaming; hand pampering; and bingo. Residents also go out for walks. There are weekly van drives scheduled for outings and visits to the library, shops, and cafes. There are at least two church services and bible study groups each week and a Māori Anglican church service every fortnight. Younger residents join in the activities they are capable of doing. Younger residents particularly enjoy visits to the pool, arts and craft, computer games, visits and social leave with families and community engagements.</p> <p>There are distinct programs specific to dementia residents and the other for rest home and hospital level care residents. The dementia activities programme has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities, including domestic like chores, baking, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents, activities staff and healthcare assistants.</p> <p>There are currently Māori residents, and the service facilitates opportunities to celebrate Waitangi Day, Matariki, and Māori language week. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. The facility has a connection with the Pacific community, a Samoan community group leader and staff Pasifika cultural advisor who provide ongoing support for the residents who identify as Pasifika. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as discussions, manicures, relaxation, and pampering activities.</p> <p>All activities are carried out in the communal lounges. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for</p>
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		<p>activities, entertainment, and outings.</p> <p>There are resident meetings held monthly with family/whānau welcome to attend these. Residents have an opportunity to provide feedback on activities and contribute to activity plans at resident meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>PA Moderate</p>	<p>Medication management policy, systems and processes meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses, enrolled nurses and healthcare assistants interviewed could describe their role regarding medication administration. Switzer Residential Care currently uses an electronic medication system, blister packaging for regular and short course medicine and pottles for pro re nata (PRN) medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication areas and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges for the fridges. Temperature were out of range for the medication rooms with no corrective actions documented. All medications, including the bulk supply order, are checked weekly. All eyedrops have been dated on opening. Twenty electronic medication charts were reviewed including that of the respite resident on an ACC contract. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were residents self-medicating on the day of audit. Review of the records confirmed compliance with self-administration processes. Pro re nata (PRN) medicines are administered as prescribed, with effectiveness documented in the progress notes. Medication competent healthcare assistants, enrolled</p>

		<p>nurses, or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical nurse lead described how they work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	<p>FA</p>	<p>All meals are prepared and cooked on site by an external contracted provider. The contracted provider took over the complete service provision 12 months ago. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 30 January 2025. The six-weekly seasonal menu has been reviewed by a dietitian. There is a full-time relieving site manager (while they recruit for a permanent site manager) with years of experience in food service. They are supported by three cooks, two cook/kitchen hands and three kitchen hands providing a seven-day cover of service.</p> <p>There is a food services manual available in the kitchen. The relieving site manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements or residents with weight loss. The relieving site manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboards in each dining room. On the day of audit, meals were observed to be well presented. The relieving site manager stated that the team provide special food for cultural days and/or events to cover activities such as armchair travel. They offer regular boil ups for residents who wish to have hangi for special occasions like Matariki and support family/whanau with fresh fish/paua/kina for their loved ones.</p>

		<p>The cooks complete a daily diary which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served from a bain-marie in the dining adjacent to the kitchen and delivered in hot boxes to the other dining rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Staff have completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. On the day of the audit, a resident was observed providing face to face collated feedback on the meal they had had. On interview, the resident confirmed that this is a practice they do each day to keep the kitchen staff informed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and whānau to ensure continuity of care. There is a policy and procedure documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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</p>	PA Low	<p>The building holds a current warrant of fitness, which expires 30 June 2025. The building is well maintained. There is a full-time maintenance person, a building supervisor and a gardener who works 35 hours a</p>

<p>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>week. All maintenance requests are logged on the electronic system which all staff have access to. The maintenance records are checked daily and there is documented evidence of sign off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment (next due July 2025), call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. However, there was only one average reading recorded for the whole facility each month. Essential contractors/tradespeople are available as required. Medical equipment including (but not limited to) hoists and scales were checked and are next due for calibration in March 2025. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, dementia and hospital level of care residents.</p> <p>The building is single level and spread across five wings: Kauri, Kowhai, Puriri (dementia), Millie and Matai. All bedrooms in Kauri (rest home) have hand basins with the exception of one which has an ensuite. In Matai (dual-purpose) eight have ensuites, six have separate toilets and hand basins, and three have hand basins. In Millie (dual-purpose), 13 have ensuites and three have hand basins. Kowhai wing has bedrooms that have ceiling hoists. There are two shared rooms (in Kowhai and Kauri). Residents have consented to sharing and there are curtains for privacy. All other rooms are single occupancy. Puriri (dementia) has 15 single occupancy rooms all with a hand basin and toilet and communal bathrooms.</p> <p>Entry and exit to Puriri is by use of a fob. There is an open plan kitchenette, dining and lounge area. The outdoor area is secure, safe, well maintained and appropriate to the resident group and setting. The indoor-outdoor flow off the lounge and corridors in the dementia unit allows unrestricted access to the garden area with raised beds, seating and walking pathways. The walking paths are designed to encourage purposeful walking around the gardens.</p> <p>There are adequate communal toilets/showers available with privacy locks across the facility. Each bathroom has a hand basin, and communal toilets have hand washing and drying facilities. There are soap dispensers in all bathrooms. There are separate staff/visitors' toilets. There are large and small communal areas including large</p>
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		<p>lounges in the hospital, dementia, and rest home areas. Activities occur in all areas of the facility, with residents being assisted to activities in different areas if they require it. There are sufficient lounges and private/quiet seating areas where residents who prefer quieter activities or visitors may sit. The dining areas are spacious, inviting, and appropriate for the needs of the residents.</p> <p>Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. All corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and decked areas are well maintained. All external areas have attractive features and are easily accessible to residents. There is safe access to all communal areas in the facility. All outdoor areas have appropriately placed seating and shade.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating and radiators in hallways and resident rooms. Heating and ventilation within the facility is effective. Residents interviewed stated that the environment was warm and comfortable. There is a monitored outdoor area where residents may smoke. All other areas are smoke free.</p> <p>The CEO reported that if there is a planned development for the building, 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>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (27 July 2015). Fire evacuation drills are held six-monthly, and the last one was completed in February 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard and are checked three-</p>

		<p>monthly. In the event of a power outage, there is a generator in place at the facility that can ensure ongoing energy supply for the facility. There is gas for cooking if and when required. There is adequate food supply available for each resident for minimum of three days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies (50000 litre tank and borehole supply linked to the facility) to provide residents and staff with three litres per day for a minimum of three days. All the emergency systems (generator and water supply) automatically kick in to action within seconds of disruption to the main supply. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. The registered nurses (RN), enrolled nurses (EN), diversional therapists (DT), and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets and showers and lounge/dining room areas. Indicator lights are displayed above resident doors. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks at night. There is CCTV coverage internal in the communal areas and reception as well as external. The external CCTV is directly linked to the police services in the area.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical nurse lead (registered nurse) oversees infection control and prevention across the service while the designated coordinator is on maternity leave. The job description outlines the responsibility of the role. Infection control is linked into the quality risk and incident reporting system. Infection rates are presented and discussed at clinical, staff and quality meetings. Infection control data is also reviewed by the management team and benchmarked quarterly against industry standards by an external provider. Infection control is part of the strategic and quality plans. The trustees receive reports on progress quality and strategic plans relating to infection prevention, surveillance</p>

		<p>data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand general practitioners, and nurse practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered access to vaccinations as appropriate.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GPs, NP, laboratory, and Health New Zealand infection control nurse specialist. The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori</p>

		<p>residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment education. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English, te reo, and are available in other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the CEO. The management team and infection control coordinator would liaise with their community iwi links should the design of any new building or significant change be proposed to the existing facility.</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 service has an antimicrobial use policy and procedure in place. The infection control coordinator monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical, staff, quality, and management team meetings. The Board of Trustees are informed of any infection issues via the CEO. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>Infection surveillance is an integral part of the infection control programme and is described in the Switzer Residential Care infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Infection control surveillance is discussed at staff, quality, and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator (in addition to external benchmarking), meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been four outbreaks since the last audit. The facility followed their outbreak and pandemic plan. There were clear communication pathways with responsibilities that include daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families were kept informed by phone or email. Visiting was restricted.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept securely on the cleaning trolleys, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p>

transmission of antimicrobialresistant organisms.		All laundry is managed onsite by dedicated laundry staff. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the housekeepers interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.
<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>Switzer Residential Care is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse leader (CNL). There are currently two hospital level care residents listed on the restraint register as using restraints.</p> <p>The restraint group consults with the residents who are using restraints and their EPOA in their review of restraint at Switzer. Further to this, the Board (which has Māori representation) has oversight of the quality plan which includes restraint management. The residents using restraint and EPOAs contribute to restraint review meetings and are involved in all related decisions. The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings and to the CEO. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Staff have completed online restraint training and questionnaire in the last year. Seclusion is not used at Switzer residential care.</p>
Subsection 6.2: Safe restraint	FA	A restraint register is maintained by the restraint coordinator. The files

<p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>of the two hospital residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). The residents use safety harness, lap belts and bed rails to provide safety, minimise risk of injury, and assist with bed mobility and repositioning. The bed rails all have covers. The resident with the harness was positioned in visible area when restraint was on. The residents were using restraint as a last resort, to promote better positioning and/or at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint is approved by the GP or NP and reviewed six monthly. No emergency restraints have been required; however, staff are aware of the process to follow if one was required including debrief process.</p> <p>Monitoring forms are completed for each resident using restraint and review of the resident records confirmed that they have been completed as scheduled. Restraints are scheduled to be monitored two to four-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, spiritual, and psychosocial needs. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place annually, with the last quality review of restraints completed in May 2024. Restraint related audits have been completed as scheduled six monthly; last completed in March 2024 with results demonstrating compliance with expected standards.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The annual review is completed by the restraint coordinator and the GP/NP. The outcome of the internal audit is discussed in meetings. The restraint coordinator reports to all staff at monthly meetings. This report includes a review of restraint use, restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review</p>

data and implementing improvement activities.		process. Restraint data, including any incidents, are reported as part of the restraint coordinator reporting to the CEO. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are</p>	PA Low	<p>The registered nurses are responsible for the development of the care plan. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but are not limited to) high falls risk, weight loss, wandering, and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and care planning; however, the three care plans for residents in the dementia area did not provide interventions of close to normal routine for the residents over a 24-hour period to assist healthcare assistants in the management of behaviours. Five resident care plans did not have detailed</p>	<p>(i). Three of three care plans reviewed for residents in the dementia area did not include a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist healthcare assistants in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p> <p>(ii). Two dementia residents’ care plans did not have detailed interventions for distraction, de-escalation, and management of identified challenging behaviour.</p> <p>(iii). One of the above two dementia resident’s care plans</p>	<p>(i). Ensure that care plans for residents in the dementia area provide a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist staff in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p> <p>(ii)-(v). Ensure care plan documentation reflects interventions to provide adequate guidance for staff related to pain, challenging behaviours, diabetes management and falls and management.</p>

<p>accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>interventions to guide staff in the delivery of care in relation to identified risks from assessments.</p> <p>Healthcare assistants are knowledgeable about the care needs of the residents and the families/whānau interviewed were complimentary of the care provided. Progress notes and monitoring records evidence care delivery to the residents reflective of their needs as described by staff during interviews and confirmed by residents, family/whānau interviewed. The findings related to care planning relates to documentation only.</p>	<p>did not have detailed interventions related to falls risk management.</p> <p>(iv).One rest home and one hospital resident care plan did not contain sufficient interventions to adequately guide staff in the delivery of care related to diabetes management including what to do for hypo or hyperglycaemia, normal blood glucose range (BGL) and what to do if the BGL is out of range.</p> <p>(v) One rest home residents care plan did not contain sufficient interventions to adequately guide staff in the delivery of care related to pain management including non-pharmacological and pharmacological interventions.</p>	<p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau</p>	<p>PA Low</p>	<p>When changes occur with the residents’ health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident’s condition alters, the registered nurse initiates a review with the GP or NP. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, and commencement of short-term care plans to meet the acute changes in healthcare needs of the residents. However, for a</p>	<p>Two hospital level care residents did not have short term care plans in place for weight loss and notification to GP of such.</p>	<p>Ensure short term care plans are in place to address and manage short term needs</p> <p>90 days</p>

<p>require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>resident who presented with an unexplained weight loss of 5kgs, from 50kg in April to 45kg in July 2024, there was no short-term care plan commenced with appropriate intervention. Another hospital level care resident had an unexplained weight loss of 8kg (67kg in July to 59kg in August 2024) and no short-term care plan in place. For both residents there was no documented evidence of referral to the GP, NP or dietitian as per policy.</p> <p>Weight monitoring charts were completed consistently by staff each month in the resident records reviewed at the time of the audit.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the</p>	<p>PA Low</p>	<p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are planned to be formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition.</p> <p>Resident care is evaluated on each shift and reported at handover; however, not all are plan evaluations reviewed indicated whether the goals were achieved or not and the degree of achievement towards meeting desired goals and outcomes.</p>	<p>Two dementia, one rest home and one hospital long term care plan evaluations did not demonstrate detailed progress towards meeting resident goals.</p>	<p>Ensure care plan evaluations evidence progress towards meeting resident goals.</p> <p>90 days</p>

<p>ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Medication management policy, systems and processes meet legislative requirements. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses, enrolled nurses and healthcare assistants interviewed could describe their role regarding medication administration.</p> <p>Medications were appropriately stored. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges for the fridges. Review of the room temperature records indicate that temperatures were out of range with no corrective actions documented. For the main medication room this was between December 2023 and March 2024; for Kowhai January and February 2024 and Millie medication room was between December 2023 and March 2024. There were consecutive days on record where the readings were consistently above range with no documented evidence of</p>	<p>For the months between December 2023 and March 2024 three of four medication room temperature records indicated temperatures above 25 degrees (consecutive days) with no evidence of corrective actions documented.</p>	<p>Ensure that there is evidence of corrective actions being implemented when temperatures are out of recommended range.</p> <p>60 days</p>

		corrective actions.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>There is an annual maintenance plan that includes electrical testing and tagging of equipment (next due July 2025), call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. However, the documented records show that for each month, there is a record of one average temperature across the facility. Interview with the building supervisor confirms that each month at least there is a check of at least 20% of basins and rooms checked; however, the documentation does not evidence the rooms or basins checked and the corresponding reading.</p> <p>At the time of the audit the service introduced a revised hot water temperature monitoring record to evidence rooms / basins checked and ability to document the reading for each area.</p> <p>Essential contractors/tradespeople including plumbers, electricians and builders are available as required.</p>	Hot water temperature monitoring records do not evidence robust testing of hot water temperature across the facility.	<p>Ensure that the hot water temperature monitoring records show evidence of the areas checked each month and readings of each point of check of the temperature.</p> <p>90 days</p>

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.