

Presbyterian Support Central - Chalmers Elderly Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Presbyterian Support Central

Premises audited: Chalmers Elderly Care

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

Dates of audit: Start date: 19 November 2024 End date: 20 November 2024

Proposed changes to current services (if any): The provider reopened the hospital beds in December 2023 after becoming fully staffed with registered nurses.

Total beds occupied across all premises included in the audit on the first day of the audit: 61

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Presbyterian Support Central Chalmers Elderly Care provides rest home and hospital care for up to 80 residents. On the day of the audit, there were 61 residents.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and family/whānau; and interviews with staff, management, and the nurse practitioner.

The service is managed by the home manager, and clinical nurse manager. They are supported by an experienced team of care and support staff, the regional manager and the Presbyterian Support Central Board. The residents and family/whānau interviewed spoke positively about the care and support provided. The facility embraces the Eden Alternative Philosophy across all areas of resident care. Resident and family/whānau feedback evidenced a high level of satisfaction with the services provided.

The service has addressed the previous shortfall around registered nurse levels.

There were no shortfalls identified at this surveillance audit.

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.

Presbyterian Support Central Chalmers Elderly Care provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of resident's rights and obligations. A Māori health plan is documented for the service.

This service supports culturally safe care delivery to all residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operations objectives which are reviewed on a regular basis. 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 and risk performance is reported across various meetings and to the senior leadership team. Presbyterian Support Chalmers Elderly Care collates clinical indicator data and benchmarking occurs within the organisation and at a national level.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. A comprehensive orientation programme is implemented. Staff have performance appraisals completed as scheduled.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The nurse practitioner completes a medical assessment within the required timeframe and reviews occur thereafter at least three-monthly. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

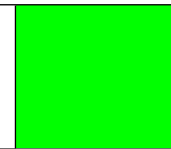
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs and preferences of the residents. Specific dietary needs, allergies and intolerances are catered for. The service has a current food control plan. Residents and family/whānau confirmed satisfaction with meals provided.

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

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

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

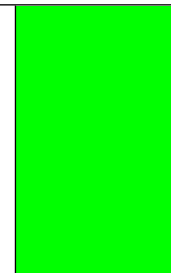


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment and electrical appliances are serviced and tested regularly. The building is spacious and well maintained. Residents have ready access to safe and appropriate outdoor gardens.

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

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



Subsections applicable to this service fully attained.

The infection control programme is supported by the governance body. All policies, procedures, the pandemic plan, and the infection control programme are in place. Education is routinely provided in relation to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. A monthly surveillance infection control report is completed with analysis and benchmarking. There have been two outbreaks recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The organisation is committed to maintaining a restraint-free environment. The policy and procedures align with the Standard. Staff receive ongoing training and individual coaching in behaviour management, falls prevention and alternative strategies to restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Presbyterian Support Central (PSC) Chalmers Elderly Care has a Māori health plan which outlines how the facility responds to the cultural needs of Māori residents, and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. On the day of audit, there were no residents who identified as Māori.</p> <p>Staff interviewed (two registered nurses (clinical coordinators), three senior healthcare assistants (HCAs), one food services team leader, one home manager, and one clinical nurse manager) confirmed that the staff have completed cultural safety training and are proficient in discussing principles of Treaty of Waitangi and applications within their roles.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific</p>	FA	<p>Chalmers Elderly Care uses a model of care that reflects the values and beliefs which underpin the health service provision of Pacific people. During the audit, there were residents who identified as Pasifika. Staff when interviewed demonstrated an understanding of Pacific culture, its relevance to their policies, and were knowledgeable about how to access community support for Pacific individuals.</p>

<p>worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and there is an opportunity for residents and their family/whānau to discuss aspects of the Code during the admission process.</p> <p>Interviews with six family/whānau (three from the hospital, and three from rest home) and nine residents (four hospital and five rest home) revealed that they received information at admission, which included the Code.</p> <p>Posters in large print featuring the Code and information on advocacy are prominently displayed across the facility in both English and te reo Māori. Residents and family/whānau are briefed on the extent of services provided and any financial responsibilities for services not covered under the scope; all of which are detailed in the service agreement. Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights. Staff evidenced how they support their residents to have the maximum possible decision-making authority into their own hands or into those closest to them, as outlined within the Eden Alternative Principles.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Chalmers Elderly Care policies guide staff on how to prevent any form of discrimination, harassment, or any other exploitation. There are established policies and protocol to respect residents' property, including an established process to manage and protect resident finances. All staff at Chalmers Elderly Care are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records.</p> <p>Monthly resident meetings provide a platform for voicing concerns and suggestions directly to management. Resident meetings have been instrumental in promoting a culture of openness and mutual respect, further ensuring that the rights and dignity of all residents are upheld. These measures, alongside the policies and procedures already in place,</p>

		<p>demonstrate the facility's ongoing commitment to creating a safe, inclusive environment that respects the dignity and rights of all individuals in its care.</p> <p>Systems are established to oversee the personal finances of residents. Residents have the option to buy items from the facility's shop or have additional services and external purchases made on their behalf. The administrative staff maintains records of these transactions. Interviews with residents and family/whānau indicate that resident's financial and property rights are upheld, and professional boundaries are consistently observed. Management demonstrated an understanding of professional boundaries when interviewed.</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>Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Resident files reviewed and interviews with resident's family/whānau confirmed their choices regarding decisions and their wellbeing is respected. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file.</p> <p>Staff evidenced how they ensure residents are supported to have the maximum possible decision-making authority in their hands or into the hands of others closest to them, as outlined within the Eden Alternative Principals.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system</p>	FA	<p>The complaints procedure is an equitable process that is provided to all residents and family/whānau on entry to the service. The home manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. Chalmers Elderly Care has an up-to-date complaint register. Concerns and complaints are discussed at</p>

<p>and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>relevant meetings.</p> <p>There have been five complaints since the previous audit. Review of the complaint register showed that all complaints were managed in accordance with the Health and Disability Commissioner (HDC) guidelines. One complaint in August 2024 was logged via Health New Zealand (HNZ) to the service development manager and addressed and responded to by the Health New Zealand service improvement team. This complaint had been appropriately escalated to the clinical director when first received by the home manger. The HNZ service improvement team confirmed in November they were satisfied with the action taken by the facility to address concerns raised in the complaint and that it was now closed.</p> <p>Residents, and family/whānau stated that they have a variety of avenues they can choose from to make a complaint or express a concern, including the resident family/whānau meetings. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available. There is an understanding that face to face meetings with whānau are preferred in resolving any issues for 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>Chalmers Elderly Care is situated in New Plymouth in the Taranaki region. The service is certified to provide rest home and hospital level of care (medical and geriatric) for up to 80 residents. There are 42 rest home beds, 27 hospital beds and 11 dual purpose rooms. There are no shared or double rooms.</p> <p>There was a total of 61 residents on the day of the audit. There was a total of 41 rest home level residents (including one resident on a younger person with disability [YPD] contract, and one resident on respite). There were 20 hospital residents (including one YPD resident and one respite). The remaining residents were under the aged residential care contract (ARRC).</p> <p>The service is governed by a Board of Directors who execute the strategic executive plan. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The Board receives progress updates on various topics, including staff and resident</p>

		<p>incidents, benchmarking, escalated complaints and human resource matters. The business plan reflects links with Māori, aligns with the Ministry of Health strategies and addressed barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities and how these inequities would be addressed. Goals are regularly reviewed with evidence of sign off when met.</p> <p>Clinical governance is led by the clinical director who is supported by clinical advisors. There are weekly updates given at handover that focus on current clinical focus areas. Chalmers Elderly Care is managed by a home manager who has been in the role for thirty months. They have extensive experience in managing aged care facilities. The clinical nurse manager has a broad background in aged care and has been in the role for four years.</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>Chalmers Elderly Care is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The clinical nurse manager and clinical coordinator lead implement the quality programme. The programme involves all staff, with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme. The service is implementing the organisation's internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Reports are completed for each incident or accident, with immediate action noted and any follow up action(s) required, evidenced in 10 accident/incident forms reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical nurse manager, clinical coordinators and registered nurses. The clinical nurse manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings and displayed on noticeboards.</p>

		<p>Monthly meetings provide an avenue for discussions in relation to quality data, health and safety, infection control, complaints received, and education. Discussion with the home manager and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. The outcomes of which are shared within the staff meetings. Meeting minutes sighted evidenced that the meetings are occurring as scheduled.</p> <p>Resident and family/whānau meetings are occurring as scheduled (monthly), with residents and family/whānau interviewed stating they found the meetings helpful to find out what was happening in the facility and have an opportunity to provide feedback. The results from the 2024 satisfaction survey are pending from head office. The 2023 survey evidenced a high satisfaction from respondents. A health and safety system is in place. Hazard identification forms completed, and an up-to-date register was reviewed. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings.</p> <p>Discussion with the home manager and clinical nurse manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eight Section 31 notifications submitted relating to residents wandering away from the facility and pressure injuries. In 2024 there have been five relating to pressure injuries and residents wandering. Since July 2024, there has been one notification made to the Health Safety and Quality Commission (HQSC) for an unstageable pressure injury.</p> <p>The last Covid-19 outbreak occurred in February/March 2024. Documentation reviewed provided evidence that the outbreak was appropriately managed, and a notification completed to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>Rosters reviewed implement the staffing rationale described in policy. The home manager works full time Monday to Friday. The clinical nurse manager works full time Monday to Friday. There is a weekly on-call roster between the clinical nurse manger and clinical coordinators. The</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>home manager is on call 24/7. The home manager creates the roster and distributes the senior healthcare assistants over the morning and afternoon shifts in the rest home wings. Separate cleaning and laundry staff are rostered. Staff on duty on days of audit were visible and were attending to call bells in a timely manner, as confirmed by all resident's family/whānau members interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs and that the management team are supportive. The provider has successfully recruited for registered nurses, which enabled them to reopen the hospital wing previously closed due to lack of staff. There are currently no staff vacancies. The shortfall pertaining to a shortage of registered nurses identified at the previous audit is now closed.</p> <p>There is an annual education and training programme completed for 2023-2024. Since 2024, changes have been made to the delivery of the education programme from a face-to-face delivery to now being online. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training which includes Code of Rights; informed consent; restraint; challenging behaviour; Pacific values; Māori health (values and beliefs); and the Eden Alternative Principles. There is an attendance register for each training session and an individual staff member record of training electronically. The home manager, clinical nurse manager, clinical coordinators, all registered nurses, a selection of healthcare assistants, and activities staff have completed first aid training. There is at least one staff member on each shift with first aid training. All registered nurses and healthcare assistants who administer medications have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Discussion with the home manager, healthcare assistants, review of staff training records and current and previous rosters evidenced that all but the newest healthcare assistants have completed Level two to four qualifications or are on the pathway.</p> <p>The clinical nurse manager, clinical coordinators, and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments, including medication, controlled drugs, manual handling, minimising restraint and emergencies. At time of audit,</p>
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		nine registered nurses had completed interRAI training.
<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>	FA	<p>Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, reference checking, and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practicing certificates is maintained for all health professionals.</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 working alongside of a senior staff member when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme is comprehensive and supports all staff to provide culturally safe environment for Māori. Staff interviewed confirmed the orientation was adequate to familiarise themselves with the role. They stated they appreciated the ongoing support from management that continued long after their orientation period was over. Review of staff records, discussion with the home manager and staff, evidenced that all staff who have been employed for a year or more have a current performance appraisal on record.</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>	FA	<p>Registered nurses are responsible for assessing residents on admission and on an ongoing basis. Seven resident files were reviewed: four hospital level including one resident on a YPD contract; and three rest home level residents. All have evidence of resident, and family/whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision making and they have choices about their care. Assessments, interim care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the aged related residential care contract. The organisation uses the Eden philosophy of care, and this is woven throughout care plans. All care plans are based on Te Whare Tapa Whā model of health. InterRAI assessments are not required for YPD residents and those in short-term respite care, although detailed</p>

	<p>assessments and care plans are completed.</p> <p>Medical assessments are completed by either the contracted nurse practitioner or the resident's own general practitioner within the required timeframes. Residents then have a three-monthly review by the nurse practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven day per week on-call services. Although, the nurse practitioner is available afterhours, particularly for palliative care residents or to reduce the likelihood of hospital admission. The nurse practitioner was interviewed and stated staff are competent and notify them in a timely manner when there are concerns of the condition of a resident. There is a contracted physiotherapist who undertakes assessments for mobility and provides training to staff on manual handling. Residents have access to a visiting podiatrist. Allied health practitioner and nurse practitioner assessments and interventions are documented and integrated into care plans.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system and other validated tools. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are holistic, comprehensive and cover all medical, cultural and social needs. Where there are specific needs (such as choking risk), or specific medical conditions (such as diabetes), specific signs and symptoms to report and the management of the condition is included.</p> <p>Enabling good life principles for younger people with disabilities are in place and one care plan reviewed reflects self-determination, is person centred and individualised to include community engagement, and family and social support.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and in a timely manner. They stated staff are respectful and kind and answer call bells promptly. The nurse practitioner confirmed staff are knowledgeable and competent and notify them when there are any changes.</p> <p>Healthcare assistants interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery;</p>
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	<p>this was observed on the day of audit. Progress notes and monitoring charts for personal cares document care provided according to the care plan each shift. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the nurse practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health status or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs, such as wounds or infections.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of resident's change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend for care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs, which is monthly as a routine but more frequent when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls or falls where the head is hit. Monitoring charts are completed according to identified needs and include (but are not limited to) bowels; food and fluids; behaviour; blood glucose levels; positioning; personal cares; and falls risk. At the time of the audit, there was a total of 33 wounds for 13 residents, including two stage II pressure injuries and one stage I pressure injury. None required specialist input, but the registered nurse confirmed they could refer residents to the wound nurse specialist. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in Robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys, in locked cupboards and a controlled medication safe. The registered nurses complete expiry date checks of stored medications monthly and count the controlled medications weekly as required. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Fourteen medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the nurse practitioner. Any changes to medications are discussed with residents and family/whānau. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata medications have the indications documented in the prescription and the effectiveness is documented in the electronic medication system.</p> <p>There are no standing orders, and no residents self-medicate their medications; although there is a process for this documented in the policy.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>Food preferences, dislikes, intolerances, allergies and required food texture is identified on admission and communicated to the food service team leader, who keeps a whiteboard of this information up to date.</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>Where residents have specific preferences, this is accommodated (eg, one resident does not like fish and is given an alternative protein). Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time. They stated if they don’t like what is provided, an alternative is offered.</p> <p>The food control plan is current to 23 January 2025.</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>Transition, transfer or discharge to another facility or hospital is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell, the registered nurse can call the nurse practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the required documentation required to accompany the resident to hospital and confirmed the family/whānau are notified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	FA	<p>The building warrant of fitness was current to 28 November 2024. During the audit, remedial work required for the new building warrant of fitness was completed and a new warrant of fitness is pending. The annual building and grounds maintenance schedule for 2024 was sighted. This covered the regular maintenance and checking requirements for the building, grounds, fire systems, clinical equipment servicing and calibration, electrical testing and tagging, and main equipment in the kitchen and laundry. There is a maintenance book for staff to log repair requests and this is signed off by the maintenance person when complete. The maintenance person works four hours, five days per week and can come in as needed outside of those hours. Essential contractors such as plumbers and electricians are available 24 hours as required. Electrical testing and tagging and servicing of the hoists and clinical equipment was completed in May 2024.</p>

		Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and accepted best practice. The infection control programme is reviewed annually by the Infection Prevention and Antimicrobial Stewardship (governance committee). The pandemic plan is available to staff.</p> <p>A review of staff records evidenced that staff mandatory infection control and prevention related training was up to date, with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing online education sessions. Additional staff education around prevention management of infectious outbreaks is ongoing. The training includes reminders about hand hygiene and advice around ensuring residents remain in their rooms if they are unwell. Staff interviewed demonstrated an understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>All infections are entered into the electronic resident system with a monthly collation and analysis of infections completed by the infection control coordinator. Any trends are identified and corrective actions implemented. The service incorporates ethnicity data into surveillance data captured around infections. Outcomes are discussed at handovers when residents have infections and staff meetings. Staff have received infection control related training including outbreak management. Internal infection control audits are completed, with corrective actions completed for areas of improvement. The service receives regular notifications from Health New Zealand.</p> <p>The last Covid-19 outbreak was April -May 2024. Staff acted promptly on the first positive test for a resident and the outbreak was contained,</p>

		<p>documented and appropriately reported to Public Health. Another outbreak occurred in April 2023. This resulted in more residents and staff affected. The facility was placed into lockdown and residents affected were moved to the hospital wing that at that time was still closed. Review of documentation and discussion with the infection control coordinator evidenced this outbreak was also appropriately managed and reported. Evidence of staff debrief events were documented, that discussed what went well and what could be improved on should there be another outbreak. Staff involved in both outbreaks commented that the management team were very supportive of them during this challenging period.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy specifies the organisation's commitment to maintaining a restraint-free environment. The policy and procedures describe the process for implementing restraint, including a holistic assessment, an approval process that includes family/whānau and the nurse practitioner, identifying alternative strategies including de-escalation, and monitoring and review of restraint. There is no use of restraint.</p> <p>Staff receive training in behaviour management and alternative strategies to restraint during orientation and complete an annual online training. In addition, staff receive individual coaching for specific residents in maintaining a restraint-free environment.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.