

Holly Lea Village Limited - Holly Lea

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Holly Lea Village Limited
Premises audited:	Holly Lea
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 March 2022 End date: 1 April 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	11

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 tatou 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

Holly Lea is one of five aged care facilities owned and operated by Generus Living Group. It is located in Fendalton, Christchurch. The service is certified to provide rest home and hospital levels of care for up to 21 residents across 38 luxurious lodge apartments or care suites. The care service model is provided in apartments, all individually purchased under an occupation right agreement. There is a boutique care facility under development. On the day of audits there were 11 residents under the age-related care agreement.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, and management.

An experienced general manager (registered nurse) oversees the service. The clinical nurse manager (registered nurse) has been in the role since 2016 with many years of experience in clinical management roles in the aged care sector. The general manager is also the clinical lead for Generus Living Group and is supported by the director and executive team.

Policies, procedures, and processes have been established to meet the Health and Disability Services Standard and contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

This audit identified no areas for improvement.

Ō tatou 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.

Standards applicable to this service fully attained.

Holly Lea provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and additional responsibilities under Te Tiriti. The service works 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. There is a Maori health plan that provides an overarching framework to achieve cultural safe practice.

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 to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family 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 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Standards applicable to this service fully attained.

The structure of the organisation extends from a board/governance level to operations. The group director reports directly to the board. A clinical governance committee is in place to provide clinical direction. The governing board is kept informed via monthly reports.

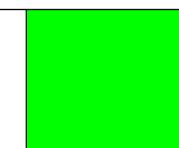
The business plan is specific and includes mission, vision, and values statements. Business goals are regularly reviewed at defined intervals.

The service has an effective and organisation-wide system in place relating to continuous quality improvement 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 documented where improvements are identified.

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.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.		Standards applicable to this service fully attained.
---	---	--

Residents are assessed by the need's assessment service coordination service prior to admission to determine the required level of care. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The electronic care plan demonstrates service integration, and registered nurses review assessments and care plans on the resident's six-month anniversary. Short term care plans have been reviewed in a timely manner. Resident files are electronic and included medical notes by the general practitioners, and allied health professionals.

The activities coordinator provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent healthcare assistants (HCAs) are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioners. Medications are stored securely.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The dining room is spacious and appropriate for the residents' needs. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan is in place.

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

Includes 2 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.		Standards applicable to this service fully attained.
---	--	--

The building has a current building warrant of fitness (BWOFF), which expires in November 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are personalised and have full ensuites. Communal facilities are appropriate.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

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

<p>Includes 5 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.</p>		<p>Standards applicable to this service fully attained.</p>
---	--	---

A suite of infection control policies and procedures are documented. The pandemic plan has been developed with input from the local district health board and a consultant. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The clinical nurse manager currently undertakes the infection control nurse (ICN) role. The ICN liaises with representatives from all service areas of the service. The ICN has access to a range of resources including specialists and the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs with other organisations. Staff are informed about infection control practises through meetings, and education sessions

There are documented processes for the management of waste and hazardous substances in place. The laundry service for linen is contracted out. There are dedicated housekeeping staff, who provide all cleaning and personal laundry duties. 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 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Standards applicable to this service fully attained.
--	---	--

The restraint coordinator is championed by a registered nurse and overseen by the clinical nurse manager. There is currently one resident with a restraint in the form of a lap belt. Restraint assessment, interventions, monitoring, and evaluation have been completed. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete. The service considers least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. Holly Lea is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.

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	29	0	0	0	0	0
Criteria	0	170	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Cultural policy and Tikanga best practice guidelines provide a framework for the delivery of care which embeds Te Tiriti o Waitangi. The service had no residents who identified as Māori at the time of the audit.</p> <p>The organisations strategic plan 2022-2027 provides insights to developing and advancing a Māori health workforce. Generus Living Group stated while they acknowledge that there are no Maori residents in Holly Lea due to the demographics in Fendalton the organisation is committed to ensuring at times when they do have residents who identify as Māori that their services align to meet their needs in an equitable way.</p> <p>There is a documented commitment to recognising and celebrating tangata whenua in a meaningful way through partnerships, educational programmes, and employment opportunities. The Māori Health Plan recognises community links with Te Puawaitanga Ki tautahi Trust and Nga Hau E Whā National Marae; however, the service is working towards establishing meaningful relationships with these organisations.</p> <p>There is currently one Māori staff member employed at Holly Lea. The</p>

		<p>head chef identifies as Māori and guides the staff in responding to and supporting the values and beliefs of all residents. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level. There are currently four percent of Generus Living Group workforce identified as Māori. Advertisements for staff encourage Māori staff to apply for jobs by using statements in advertisements such as 'We are committed to honouring Te Tiriti o Waitangi and its principles by ensuring our partnership with Māori are at the forefront of all our conversations.'</p> <p>Te Tiriti O Waitangi is incorporated across policies and procedures and the delivery of care. The pathways to wellbeing and care planning incorporate the concepts of Te Whare Tapa Whā. The clinical nurse manager described the use of Te Ara Whakapiri for end-of-life care. Residents and whānau are involved in providing input into the resident's care plan, their activities, and their dietary needs. Interviews with care staff (three healthcare assistants [HCAs], three registered nurses [RNs] and one activities coordinator) described how care is based on the four cornerstones of Māori health 'Te Whare Tapa Whā'. Care plans incorporate the physical, spiritual, family, and mental health of the residents.</p> <p>Interviews with thirteen staff (three HCAs, three RNs, two activity coordinators, two chefs, two housekeepers and one maintenance person), seven residents (four hospital and three rest home), two relatives (two hospital); and documentation reviewed, identified that the service puts people using the services, whānau, and communities at the centre of their services.</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>	FA	<p>The organisation developed a Pacific health plan and ethnicity awareness policy that include strategies relevant to Pacific people. There were no residents that identified as Pacifica at the time of the audit.</p> <p>There were two staff that identified as Pacifica at the time of the audit. The service is actively recruiting new staff. One HCA that identified as Pacifica described how the organisation encourage and support the</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>employment applications of potential Pacifica employees.</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>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The clinical nurse manager/RN or staff RN discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code is displayed at the entrance to the facility in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. The residents and relatives interviewed reported that the residents' rights are being respected and the service is flexible to meet their individual needs. Interactions observed by the auditors between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents on the residents' noticeboard and at the entrance to the facility. There are links to spiritual support including church services and a chaplain. Residents interviewed confirmed their relatives are treated with respect.</p> <p>The HCAs interviewed described how they arrange their time of their shift to ensure they are flexible to meet each resident's needs and choice. Staff are trained on the Code at orientation. This training is ongoing through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Staff completed training in February 2022 and Age Concern presented The Code to the residents at a meeting in 2021.</p> <p>Māori independence (mana Motuhake) is recognised by staff through their cultural training programmes.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants, activities staff and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. A lifestyle plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. The resident's care plan aligns with the four corner stones of Māori health 'Te Whare Tapa Whā.</p> <p>Healthcare assistants interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over choice of activities they participate in. Cultural identity is included in the cultural assessment, lifestyle plan, care plan, and overall goals. It is expected that residents identifying as Māori will experience physical, spiritual, mental, and emotional wellbeing and have control over their own destinies/outcomes, as do all residents.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed (100%) that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that they are aware and respectful of relationships that may form during the residents stay.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' electronic files and care plans identified residents preferred</p>
---	-----------	--

		<p>names. Residents have name badges by choice to assist with social interaction, van outings and interfacility visits. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place. Staff are encouraged to use te reo Māori and there are te reo Māori related documents posted in the staffroom to celebrate te reo Māori.</p> <p>Online cultural training was completed in 2021 and February 2022. The general manager of operations interviewed stated that the Generus Management team celebrated and supported te Reo Māori through a sponsorship of a short story competition in te Reo in 2020.</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>The abuse & neglect policy is being implemented, staff interviewed described signs and symptoms of abuse and neglect and reporting requirements.</p> <p>The company policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are initiated to celebrate diversity.</p> <p>Staff complete education on 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. The residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent.</p> <p>There is an accurate listing of the personal effects documented at admission that is brought into this facility. Residents interviewed stated staff respect their possessions. There is no comfort fund. Financial statements are clear and easy to read.</p> <p>Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service. Professional boundaries are defined in job descriptions and covered at orientation. Interviews with</p>

		<p>registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>Policies cover (but are not limited to) the harassment, discrimination and bullying policy, and the professional boundaries policy.</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 is provided to residents/relatives on admission. Monthly resident meetings identify feedback by residents and consequent follow-up by the service to address any deficiencies. Resident meeting minutes are posted in a visible and accessible location for residents to access.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incidents are documented on the electronic resident management system and has a section to indicate if next of kin have been informed (or not) of an accident/incident. Nine accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes, any GP visits or medication changes.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</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 family are informed prior to entry (always on an occupation right agreement) 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 hospice. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The managers</p>

		described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required
<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>An informed consent and advance directive policy & related form is in place. The advance directive policy includes ‘who makes the decision and medically ‘do not resuscitate’ (DNR). There are documented instructions for staff in the policy if the resident does not have an advanced directive in place. Discussions with HCAs and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents’ care suites.</p> <p>Informed consent processes are discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed as part of the admission agreement. Indemnity and outing consent are scanned into the resident electronic file.</p> <p>The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved.</p> <p>Training has been provided to staff around code of rights, informed consent and EPOAs in February 2022. Thirty-five staff have completed the training.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents’ electronic charts and activated where required. Advance directives for health care including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. Resident files show evidence that where appropriate the service actively involve family/whānau in decisions that affect their relative’s lives.</p> <p>The service follows relevant best practice tikanga guidelines.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. All letters evidenced contact details of the Nationwide Health and Disability Advocacy Service is provided to all complainants.</p> <p>There were two complaints logged in the complaint register in 2021 and none for 2022 (year-to-date). All complaints documented in the register included evidence of an investigation, follow-up, and correspondence with the complainant. A corrective action, in response to a complaint, was implemented to address any deficiencies. Staff are informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted). All complaints are reported to the company's legal counsel. There have been no external complaints since the previous audit.</p> <p>Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can select to make a complaint or express a concern. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose.</p> <p>The Code of Health and Disability Services Consumers' Rights is visible and available in English and accessible in te reo 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</p>	<p>FA</p>	<p>Holly Lea is located in Fendalton, Christchurch and is one of five aged care facilities owned by the Generus Living Group. They are certified to provide rest home and hospital level care (geriatric only) for up to 21 residents in the main lodge of 38 occupation right agreement apartments (ORA). There are 21 dual-purpose apartments/beds. On the day of audit there were 11 residents (seven hospital and four rest home level). All eleven residents were under the age-related residential care agreement (ARCC) combined with an ORA.</p>

<p>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>Generus Living Group is overseen by one board. The Generus Living Group Board is responsible for three aged care facilities. Five directors, with appropriate experience and expertise, sit on this board. The director (owner) who reports to the board has been in his role for the past 16 years. The director is also involved in NZACA and RVA at executive levels.</p> <p>Generus Living Group organisational culture is underpinned by social, cultural, and professional diversity. The director has extensive iwi partnership experience and demonstrates knowledge and understanding of Kaupapa Māori within the sector. Generus Living have a partnership with Mangatawa Papamoa Blocks Incorporated who represent predominantly Nga Potiki [iwi] as part of their business model and as a result is actively engaging with iwi stakeholders. This includes participation in forums and a regular working relationship with the iwi executive team members. Interview with the general manager of operations confirmed the governance body is committed to supporting the Ministry of Health’s Whāia Te Ao Mārama Māori health strategies.</p> <p>The organisational strategic plan (2016-2021) includes a philosophy, mission, vision, and values. The strategic plan for 2022-2027 is in draft format. Key business objectives (fulfilled residents, engaged team, satisfied stakeholders and sustainable business) are defined in the strategic plan with evidence in the meeting minutes of regular reviews. The sustainability objective includes consideration of bicultural and Māori views related to environmental design.</p> <p>The directors of the board and executive teamwork with the management teams at each of the three aged care facilities including Holly Lea understand their obligations and responsibilities under the relevant standards and legislation. The clinical manager provides a weekly report to the general manager. There is weekly communication between the general manager to the director and general manager operations. The general manager of operations is provided a monthly report from the general manager (organisation clinical lead) with an overview of adverse events, health and safety, staffing, infection control, use of restraint and other aspects of the quality risk management programme. Critical and significant events</p>
---	--	--

		<p>are reported immediately to the directors.</p> <p>A clinical governance group has been implemented across the three Generus Living aged care facilities to provide collaborative accountability for continuous quality improvement activities including, but not limited to, improvement of services and delivery of a high standard of delivery of care. The framework for the clinical governance committee is partially informed by the organisation's strategic plan and the 'ageing in your home and person first' model of care. The ethos, vision, values, and mission statement align with the Treaty of Waitangi principles. The group meets monthly where the established goals of resident and family centred care; achieving ongoing quality improvements; and ensuring Generus aged care facilities are putting the wellbeing of staff at the forefront with the residents' needs. The clinical governance group includes the general manager of Holly Lea (also the organisation clinical lead), clinical managers representative of each facility and facility managers of each.</p> <p>An experienced general manager (registered nurse) has been in the role since 2015 and has many years of experience in both aged care management and clinical education. She is supported at operational level by the director and general manager of operations. At a service level she is supported by a clinical manager and six staff RNs.</p> <p>The organisation is focused on providing respectful end of life care that caters to physical, cultural, and spiritual needs, as evidenced by compliments from family. The executive management team are in active discussions to discuss and address barriers related to Māori culture and health.</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</p>	<p>FA</p>	<p>Holly Lea implements the organisation's quality and risk management programme that is directed by the organisation's strategic and clinical governance frameworks. The quality and risk management plan follows the cycle of plan, do, study, act (PDSA) cycle, and a risk matrix are utilised as part of the quality and risk management programme. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and</p>

<p>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>addressing corrective actions.</p> <p>Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements with evidence of progress and signoff in a timely manner when achieved. These corrective actions are included as part of the monthly quality meetings.</p> <p>Monthly 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. Meeting minutes and quality data graphs are also posted in the staffroom. A corrective action log/register is discussed at each meeting to ensure the outstanding matters are addressed. At the time of the audit, quality data is benchmarked against other similar facilities utilising the Healthcare Solutions [HCSL] – Adverse Event Logging, Benchmarking and Data Analysis system.</p> <p>The Generus Living Group monthly report, generated at a clinical governance level, includes key operational concerns and data including (but not limited to) occupancy, discharges, complaints, Section 31 reports, quality data results, staffing, health and safety, and property issues. Reports are linked to the organisation’s strategic objectives.</p> <p>The 2021 resident and family satisfaction surveys showed overall satisfaction with the service provided. Results reflect 100% of families [88% return rate] were either satisfied or very satisfied with Holly Lea’s care approach, a similar response was achieved the previous year.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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 by an external consultant and have been updated to meet the 2021 standards. New policies or changes to policy are</p>
--	--	--

		<p>communicated to staff and new policies are introduced as part of the annual training plan.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. Health and safety representatives have completed health and safety training. There are regular manual handling sessions taken by the physiotherapist. The noticeboard keeps staff informed on health and safety issues.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available on an 'as needed' basis. Strategies implemented include intentional rounding, regular medication review including deprescribing and limitations on polypharmacy and the regular toileting of residents who require assistance.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trending through HCSL. Results are discussed at the meetings. Nine resident-related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for suspected head injuries and relatives were notified following incidents. Opportunities to minimise future risks were identified where possible through a corrective action plan and discussions at quality meetings.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed in September 2021 (related to a period of RN unavailability on nightshift) and none for 2022 year to date. There have been no other outbreaks reported except one positive Covid-19 Omicron case reported in March 2022 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>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>FA</p>	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is an acuity methodology that assists with staffing the roster appropriately to the residents' needs.</p> <p>All registered nurses and HCAs hold current first aid certificates. The facility is actively recruiting for a fulltime unit manager (new role), fulltime RN and fulltime HCA; current available and vacant shifts are filled with own staff. Agency staff are used as a last resort.</p> <p>Interviews with HCAs stated that overall staffing is adequate to meet the needs of the residents.</p> <p>The general manager and clinical nurse manager are available Monday to Friday each week and are on call when not available on site.</p> <p>Six registered nurses support the clinical nurse manager to ensure there is one staff RN on site, seven days a week.</p> <p>The main lodge (38 ORA apartments) have 11 ARRC residents (seven hospital and four rest home), all other residents are independent and allocated assisted living care packages to assist with minor care tasks, meals, or medication. Due to the size of the facility, financial modelling, and proximity of the apartments from the nurses' station, the allocation of staff is as follows:</p> <p>There are two RNs on in the morning from 7 am-3 pm and 4 HCAs (7 am-3 pm x 2; 7 am-1 pm x1 and 7 am-2 pm x1).</p> <p>There are two RNs in the afternoon from 3 pm-11.15 pm and three HCAs (3 pm-11 pm x1 and 3 pm-9 pm x2).</p> <p>There is one RN on night supported by one HCA from 11 pm-7 am. The service is recruiting for a second RN.</p> <p>A review of the daily allocation list and interview with staff and</p>
--	-----------	--

		<p>residents evidenced that resident care needs are being met.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>There is an annual education and training schedule being implemented. Training is delivered via face-to-face and online (care training online). Staff attended mandatory cultural training in 2021 with evidence of high staff participation. This included staff completing a cultural competency questionnaire. Plans are in place to provide additional cultural training in May 2022.</p> <p>Core competencies have been completed, and a record of completion and register is maintained. The service also uses an online training programme and staff completion rates are monitored. Competencies include (but not limited to) medication, cultural training, hand hygiene, infection control including use of personal protective equipment (PPE), fire and emergency training, manual handling, and restraint. An individual record of completion is maintained in each staff file. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). At the time of the audit, twelve HCAs had completed a level four qualification, one had completed a level three qualification and three had completed a level two qualification. There is a total of 16 HCAs.</p> <p>Training for clinical staff is linked to the annual training schedule and RNs interviewed stated they have access to external provider training. Internal RN training covered critical thinking, falls, head injuries, end of life care, advance care planning, assessing the deteriorating resident, assessing new residents, syringe driver and antimicrobial stewardship. Six RNs are interRAI trained. The clinical nurse manager provides oversight of the registered nurses and HCAs.</p> <p>The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on Māori health outcomes and disparities, health equity, and quality,</p>
--	--	--

		<p>and enable them to use this evidence and learn with their peers.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed.</p> <p>Wellbeing support is provided to staff through employee assistance programme (EAP) services. There are policies around bullying, social media, and domestic violence.</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. Six staff files reviewed (clinical manager, chef, activities coordinator, housekeeper and two HCAs) evidenced implementation of the recruitment process, employment contracts, job descriptions, police checking and completed orientation programmes specific to their roles. All staff signed a house rules/code of conduct document at time of employment commencement. There is a specific orientation induction policy for bureau and temporary staff.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, podiatry, and dietitian). There is an appraisal policy. All staff who have 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. Specific competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori. Outside volunteers have not been utilised due to Covid. There is an internal resident volunteer group that</p>

		<p>assists with household tasks. An orientation programme for volunteers is in place. Agency staff are used when required</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Wellbeing support is provided to staff including access to EAP services. Following any incident/accident and outbreaks, evidence of debriefing and follow-up action taken are documented.</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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy only. There is an overarching policy and related procedures that cover the information management system. The use of the current resident management system (HCSL) is fully implemented. Electronic information (e.g. policies and procedures, quality reports and data/benchmarking are routinely backed-up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards. Supplementary documentations are regularly uploaded and include GP reviews, multidisciplinary meetings, antimicrobial review SBAR (Situation, Background, Assessment, Recommendation) and discharge documentation.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The general manager is the privacy officer.</p> <p>As part of the internal audit programme, the service regularly monitors their records including the quality of the documentation including care plans, interRAI, progress notes and the effectiveness of the information management system.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The facility general manager and clinical nurse manager screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The management team described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available and the unique financial model requires eligibility for entering an ORA.</p> <p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes including required documentation. The facility general manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which goes to the Board, however, this report does not currently include ethnicity but will include ethnicity specific to Māori moving forward.</p> <p>The service requires an occupation right agreement on purchase of a serviced apartment and receive enquiries directly from potential residents and/or their whānau. The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p> <p>The service has an information pack relating to the services provided at Holly Lea which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Holly Lea has a person and whānau-centred approach to services provided. Interviews with residents and family members confirmed they received excellent information at entry and communication was appropriate.</p>
--	-----------	--

		<p>The executive group has in place Whakamoaua: The Māori Health Action Plan 2020-2025, Māori Health Plan and Ethnicity Awareness Policy/Procedure and Tikanga Guidelines. One of the chefs identifies as Māori. The service continues to develop meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau (link 1.1.5).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The care planning/interRAI guidelines and nursing assessment care plan/social and recreational plan policy guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. Short term care plan use is included in these policies. The organisations model of care is “Aging in your home and person first.” There is a Māori health care plan that supports Māori constructs of Oranga and ensures there is a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>There are a suite of policies around clinical aspects of care supporting tāngata whaikaha including (but not limited to); continence, challenging behaviour, pain, personal hygiene, intimacy and sexuality, skin wounds, fall prevention, spirituality, psycho-social, and grief, and cultural safety. The service provides a key word guide in te reo Māori for resident and staff use. The facility has Tikanga guidelines available for staff which provides a guideline for working with Māori in residential care.</p> <p>Five resident clinical files were reviewed: two rest home and three hospital level care. One resident had been assessed for rest home level care 28 January 2022.</p> <p>A registered nurse completes an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, pain, pressure injury, skin, continence, cognition, sensory, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of</p>

		<p>assessments reflected in the needs and supports documented in the resident electronic care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the residents' electronic file. Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Registered nurses interviewed had some knowledge of care being delivered based on the four corner stones of Māori health 'Te Whare Tapa Whā and were working towards increased knowledge and better understanding. Cultural competencies are completed annually. Care plans include the physical, spiritual, whānau, and mental health of the residents. For end of life care they use Te Ara Whakapiri.</p> <p>The care plans reviewed on the electronic management system were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The short-term care plans integrate current infections, wounds, weight loss, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Residents have the choice to remain with their own GP, however the service contracts with the local medical centre whose general practitioner (GP) provides medical services to residents. The GP visits weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The service also has access to the 24 hour on-call GP group service. The GP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. All GP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident included, but were not limited to, physiotherapist, palliative aged residential care nurse, speech language therapist, older persons health clinicians, wound</p>
--	--	--

		<p>specialist, continence specialist and dietitian.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to other allied health professionals takes place.</p> <p>There were two wounds, minor skin tears for the same hospital level care resident; assessments, wound care plans and evaluations were completed. The wound care plan documents the wound assessments, and evaluations are documented with supporting photographs if required. The facility refers to the wound nurse specialist and GP to have input into chronic wound management if required as described by the registered nurses interviewed. Registered nurses have undertaken wound care training as part of the organisation's education plan in March 2022.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts include (but not limited to) weights, vital signs, food and fluid recordings, neurological observations with all monitoring charts being implemented according to the care plan interventions.</p> <p>Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. The GP has reviewed residents three monthly. Short term care plans are regularly reviewed and if the issue is not resolved within three weeks, the short-term care plan is completed, and interventions were added to the long-term care plan. Long term care plans and interRAI assessments have been reviewed six monthly or if needs have changed earlier than six months. Four of the five files reviewed had been at the facility for longer than six months. A planner was sighted in the nurses' station documenting when residents interRAI reassessments and care plan</p>
--	--	---

		<p>reviews were upcoming.</p> <p>Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system.</p> <p>Healthcare assistants interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the HCAs and RNs after each duty.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is provided by an activities coordinator who has been employed at the facility for 15 years and who provides activities from Monday to Friday (9 am-5 pm). The activities coordinator is supported with the programme planning and administration by the facilities receptionist/administrator. The activities coordinator collates a social profile of the resident in the electronic system and then arranges what is important to that resident and develops a social/cultural therapy programme based on the information gathered. The RNs record some information and includes this into a long-term care plan. A cultural assessment is completed to inform Te Whare Tapa Whā. The care plan includes spirituality and religious preferences. The social/cultural therapy plan is reviewed at the same time as the care plan in four of the five resident files reviewed, at least six-monthly, (one of the residents had not been in the facility for six months). The activities coordinator maintains attendance records and uses these to document progress notes. An internal audit completed in June 2021 evidenced 100% compliance.</p> <p>Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. This is also on the noticeboard and on the electronic screen of daily activities at reception. The registered nurses and the chefs also get a copy of the activities programme. There are monthly themes for example, Māori language week, Matariki, Anzac, Easter, and</p>

		<p>Christmas. The planner has one on activities such as story gathering, wheelchair walks, massage, shopping, manicures, reading, and sensory activities. The staff are a wide diverse team from many nationalities and part of the activities programme is to celebrate diversity, which has included (and when Covid restrictions have allowed), kapa haka entertainment from visiting school children, and staff speaking about their cultures at resident’s happy hour, however the service is actively working with staff to support initiatives that meet the health needs and aspirations of Māori including ensuring that te reo Māori and Tikanga Māori will be actively promoted and included in the activities. The service does not currently have any Māori residents but will work towards ensuring opportunities are facilitated for Māori residents to participate in te ao Māori.</p> <p>There are a wide range of activities on offer including but not limited to crafts, word challenges, gym class, Tai chi, quizzes, van outings, movies, and men’s club. The activities coordinators access the online tool kit site for activity suggestions. On the days of the audit, residents were enjoying playing word and card games, going on an outing, and playing pool. Activities are held in line with the theme of the month, the activities coordinator described the programme being available for rest home, hospital, and independent living residents. There are independent residents at the facility that volunteer to help with activities. The activities coordinator ensures she takes the time so all residents can live their best lives according to their abilities.</p> <p>This audit was held under the Covid red level framework restrictions, which has limited community involvement. The service has strong links within the community including the local church, musical sponsorships, and local schools. The programme for April includes an afternoon of music, Easter crafts, a visit from a local clothing store with a selection of clothing, musical performance from high school students, Anzac tributes, and a mystery van outing.</p> <p>Residents provide feedback in a range of forums including at the residents’ monthly meetings held by the general manager and clinical manager and annual surveys (90% satisfaction for 2021). Residents provide feedback informally daily to the activities coordinator. Residents and family members interviewed spoke positively about the</p>
--	--	---

		activities programme and activities team.
<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>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the nurse's office/medication room. The internal audit schedule includes medication management. The medication management internal audit 100% compliance in October 2021 and March 2022.</p> <p>Registered nurses administer medications, and all have completed medication competencies annually. Senior healthcare assistants complete 'second checker' competencies. The pharmacist has visited the facility to provide education sessions around medications. Registered nurses have completed syringe driver training. All medication blister packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. On the day of audit, there was one hospital resident who self-administers all medication with competencies in place, which had been signed and reviewed three-monthly by the GP. The resident's partner also assisted with medication. They both live in a serviced apartment and the medication was observed to be in a locked safe. There are no standing orders or 'nurse initiated' medications used. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to the pharmacy; there were no expired drugs on site on the day of the audit.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in</p>

		<p>progress notes. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The registered nurses and management described working towards partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, 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>The service has two qualified chefs with extensive experience who work full time to cover the service over seven days per week. They are assisted by kitchen assistants. All meals and baking are prepared and cooked on site. All food service staff that are involved in cooking have completed food safety training July 2021. The Food Control Plan expires June 2022. The four weekly seasonal menu has been approved and reviewed by a registered dietitian (April 2021) and is reviewed on a two-yearly basis. Both chefs were interviewed on the day of audit and advised they receive resident dietary profiles and are notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. A copy is provided to the kitchen via the electronic system including any update due to resident health/dietary requirements. The chefs were fully aware of all residents with special requirements. The menu is distributed to the residents weekly allowing a choice of meals which is recorded by the chef. The chef consults directly with residents to gain feedback of the food services and adjusts the menu if there are any special requests.</p> <p>The kitchen is centrally located off the main dining room. The chef serves meals directly from the kitchen bain-marie then places the meal under the hot lamps for the HCAs to deliver to residents in the dining room. Tray service is available for residents who choose to dine in their rooms. The dining room is spacious and with large windows to view the outside gardens. The menu is displayed in the dining room and on the noticeboard so residents can easily see what is on the menu for the day. The service is working towards a better understanding of tapu and noa, ensuring all staff adhere to tapu and noa consistent with a logical Māori view of hygiene and align with</p>

		<p>good health and safety practices. The chef who identifies as Māori, is assisting staff with understanding of Māori tapu and noa.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained on the electronic management system. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The temperatures are manually recorded on the electronic management system which is reviewed by the clinical manager and included in the internal audit schedule monthly. Food is probed for temperature and transferred to the bain-marie and served. The internal audit schedule includes a food service audit. The last internal audit evidenced 100% in February 2022.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. The annual satisfaction survey evidenced 94% in 2020 and 100% in 2021. A corrective action plan was actioned in 2020 following the survey allowing residents more choice of meals. The chefs receive a copy of the activities monthly programme and are involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. Residents and families interviewed were very complimentary regarding the meals provided.</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</p>	<p>FA</p>	<p>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided. Referral to other health and disability</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services including social support or Kaupapa Māori agencies where indicated or requested.</p> <p>Referral documentation is maintained on resident files and on the electronic system. Discussion with the registered nurses identified that the service accesses support either through the GP, specialists, and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care. Registered nurses interviewed could accurately describe the procedure and documentation required for a resident transfer out of, and admission to the facility.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 1 November 2022. The service has a fulltime maintenance person, who is available Monday to Friday and a part time gardener. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are logged onto the electronic system or completed on a form and checked off once completed by the maintenance person. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging (completed 3 March 2022), resident equipment checks, calibrations of weigh scales and clinical equipment and testing (completed 27 May 2021). Monthly hot water temperature tests are completed for resident areas and are below 45 degrees Celsius. All equipment includes (but is not limited to); one standing hoist, one full body hoist with a range of slings, mobility equipment, sit on weigh scales, pressure relieving equipment and sensor mats. There are environmental audits and building compliance audits, which are completed as part of the internal audit schedule. The maintenance audit conducted in August evidenced 100% compliance. The satisfaction survey for 2020 evidenced an 87% satisfaction rate for surroundings and 100% for 2021 and the interior 92% in 2020 and 100% in 2021.</p>

		<p>All rooms at Holly Lea Lodge are single personalised serviced apartments. There is adequate room for residents to safely manoeuvre using mobility aids. The serviced apartments have spacious ensuites with laundry facilities. Laundering of personal clothing is completed by healthcare assistants (HCAs) in the resident serviced apartment or may be laundered in the laundry room. Fittings and fixtures are modern and made of materials for ease of cleaning. There are toilets with privacy locks near the communal areas. Rest home and hospital residents confirmed that staff respect their privacy while attending to their hygiene needs.</p> <p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is underfloor heating throughout the building. There is underfloor and ceiling heating in the serviced apartments/residents' rooms that can be adjusted by the resident or operated through the computer-based system which is monitored.</p> <p>Holly Lea has large spacious communal areas with boutique décor and designer lighting that reflects the use of the area. Communal areas include the dining room, Heritage lounge and library, music and entertainment room, activities room with pool table that opens out onto courtyards, café for all resident and family/whanau to use, a lounge that opens out onto gardens and a computer room/reading/library room. There are other meeting rooms available for whānau/family meetings. Residents were observed meeting socially for morning tea and attending activities on the day of audit. There is a salon room used by a hairdresser, beautician, and podiatrist. The gym is available to independent residents any time; however, rest home residents can attend gym sessions with the personal trainer. There is a movie theatre that is popular with all residents.</p> <p>There are 21 one/two-bedroom apartments with kitchenette and laundry areas in the lodge ground floor that have been certified for rest home or hospital use. All rooms have been designed for hospital level care and have been certified as dual purpose. Each room has a spacious ensuite shower/toilet with appropriately situated call bells and handrails. Residents bring their own possessions into their apartment and adorn their room as desired as observed during the</p>
--	--	--

		<p>audit. Hospital level residents have hi/low hospital beds. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazyboy or wheelchair.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and there are small seating areas midway in each corridor for residents to enjoy a quiet area, or rest. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. Resident rooms, the nurses' station, kitchen, and sluice areas have free flowing soap and paper towels. The visitors' toilet has free flowing soap.</p> <p>The organisation has, over the last ten years of building retirement villages, specialised in partnering with charitable trusts, iwi, and like-minded parties to develop villages for discerning locals while concurrently creating a legacy for its partners. Villages within the organisation have consulted with local iwi to determine village street and building names. The general manager operations interviewed confirmed extensive iwi partnership consultation in mate wareware (understanding dementia from Māori perspective) for the design of their memory support (dementia) unit designs.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill was held June 2021 and staff education was held in March 2022. Staff fire evacuation training was held on 1 March 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally in the maintenance office and all supplies are checked monthly by the</p>

		<p>maintenance person and is part of the audit schedule. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including over 1040 litres of water stores and enough food stores to last at least one week. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times however all staff at Holly Lea are trained in first aid.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells are linked to all staff cell phones and to a large electronic display in the nurse's station. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. Monitoring of call bells is completed monthly by the general manager as part of the audit schedule to ensure call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. There are security cameras installed in the corridors, front door and exit doors which are linked to the electronic system. There is also an arial camera operating. An external company monitors the electronic security system. Currently, under Covid restrictions visiting is restricted so the front doors remain locked during the day. Visitors are instructed to press the doorbell for assistance. Under normal circumstances the front door is closed from 5 pm onwards.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we</p>	<p>FA</p>	<p>The annual infection control plan is developed by an external consultant in partnership with the organisation clinical lead and with input from specialists as required. The programme related to infection prevention aligns with the strategic document, and clearly defines all components of an antimicrobial stewardship programme. The organisational management team understands their responsibilities (including AMS) for delivering the infection control programme. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>with current Ministry of Health recommendations.</p> <p>The infection control coordinator is the clinical nurse manager who has been in the role for six years and has a signed job description that outlines the role and responsibilities of the role. The general manager supports the infection control coordinator. The infection control team which includes representatives from each area of the service, meet monthly. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings. The infection control coordinator logs each individual infection. The results and analysis of the data collated each month are accessible and benchmarked in real time in the HCSL system. Infection data is part of the key components reported to the Board. The Māori health plan ensures staff are practicing in a culturally safe manner.</p> <p>There are clear channels documented, related to management of an outbreak management. The service has worked alongside the DHB and external consultants to support their pandemic plan. The facility had one Covid-19 positive resident in May 2022 that was appropriately isolated and managed.</p> <p>The close contacts to a total of 15 residents were isolated and cohorted within the facility with input from Public Health and the IPC team at the local district health board. A debrief meeting followed with documented lessons learned.</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</p>	<p>FA</p>	<p>The infection prevention programme and associated policies were documented and defines antimicrobial stewardship and the importance of judicious use. The clinical governance group review and monitor benchmarking results across the organisation, comprises of clinical managers and facility managers from three facilities. Monthly meetings occurred following benchmarking. The outbreak management plan supports early identification and management of an outbreak. The Infection Prevention Coordinator job description noted additional responsibilities around AMS Stewardship.</p> <p>The infection control nurse (ICN) provides an infection control report to the quality/staff and registered nurse meetings. The ICN described</p>

<p>scope of our services.</p>		<p>utilising the DHB online training system and Ministry of Health learn online sites. The ICN and registered nurses have completed online DHB infection control education which included (but not limited to) antimicrobial stewardship, standard precautions, and isolation procedures. Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE).</p> <p>Currently monthly quality data related to infections include the quantity and duration of antimicrobial use associated with individual residents. The clinical nurse manager interviewed stated RNs follow the policy definition of Healthcare Associated Infections for surveillance to determine whether a resident does meet criteria for an infection before liaising with their GP. Registered nurses also implement other strategies for early signs and symptoms of infection (e.g. increased eye toileting, encouraging increased fluid intake) rather than requesting GP for antibiotics straight away. The GP is also implementing AMS by requesting diagnosis evidence (e.g. sample of urine), if signs and symptoms are not impacting the resident's wellbeing. The GP also tries to use a (broad spectrum antibiotic) to prevent residents from having drug and microbial resistance.</p> <p>The general manager stated the electronic system can easily extract comparison data for analysis including ethnicity data.</p> <p>Ten electronic medication charts reviewed documented the sensitivities and allergies to medication including antimicrobials.</p> <p>Staff follow the Holly Lea/DHB/MOH pandemic policy which is available for all staff. All staff have been double vaccinated/booster and most residents are double vaccinated. Visitors are being asked to be double vaccinated and have to test negative on a rapid antigen test (RAT) administered by the facility prior to entry. All new residents are requested to be double vaccinated. Personal protective equipment</p>
-------------------------------	--	--

		<p>(PPE) is ordered through the MOH and stock balance is maintained to support any outbreaks. Adequate PPE stocks were sighted in the internal storage area, which is accessible to all staff.</p> <p>The ICN and general manager monitor the change in levels and the number of cases in the community, so they are prepared should an outbreak occur in the local community. Hospital acquired infections are collated along with infection control data. All equipment used for wound care are single use only. Internal audits and policy to ensure reusable equipment such as blood pressure equipment, and hoists are wiped between use with hospital grade disposable wipes.</p> <p>This audit was undertaken during the Covid-19 red traffic light setting. The main door is locked to the facility to ensure compliance with limited visiting restrictions. All staff, visitors and contractors must make an appointment and are required to have a negative RAT, have their temperature taken and for it to be within the normal range, and wear a mask while in the facility. All visitors and contractors are required to produce a valid vaccine pass prior to entry into the facility. The service can access educational resources that are available in te reo Māori. There are special arrangements in place for unvaccinated visitors and children.</p> <p>Staff were observed to practice good hand hygiene on the days of the audit.</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</p>	<p>FA</p>	<p>The antimicrobial stewardship policy aims to a) reduce antimicrobial resistance, b) improve residents' outcomes and safety, c) ensure cost effective therapy, d) identify the prevalence of antimicrobial resistance. The policy is approved by the governance body and is appropriate for the size, scope, and complexity of the service. A recent review of the existing infection prevention and control programme to include all components of an antimicrobial stewardship programme (i) leadership commitment, accountability and expert buy-in (GP and pharmacist) (ii) multidisciplinary approach to coordinate interventions including goal setting, tracking, reporting and education.</p> <p>The registered nurses ensure the timely and accurate assessment and</p>

<p>to the needs, size, and scope of our services.</p>		<p>reporting of infections and liaise with the GP to access appropriate treatment. Each infection must meet specific criteria. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the registered nurse/infection control nurse, GP, the pharmacist, the resident, and their whānau. The GPs are responsible for the diagnosis and treatment and the RNs are responsible for ensuring the optimal treatment is provided, and accurately documented in the resident's clinical file.</p> <p>All infections are logged on an incident form, and a short-term care plan is implemented. These are collated monthly, fully analysed, and discussed at meetings. The infection control nurse collates data around the type of infection, type of antimicrobial used and the duration of the treatment.</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>The antimicrobial stewardship policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control nurse. All infections are collated and analysed monthly. Any trends are identified, and corrective actions implemented. Benchmarking occurs utilising the HCSL system. Outcomes are discussed at the clinical, quality/staff, and management meetings. A monthly report is prepared and included in the governance report to the Board.</p> <p>All staff and most residents have received the required Covid-19 vaccinations. All visitors, entertainers and contractors are required to be double vaccinated.</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</p>	<p>FA</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are available in the laundry and cleaner's cupboard. Personal protective equipment including gloves, aprons</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>and eyewear are available for staff throughout facility. The sluice is located in the laundry on the ground floor and one on the first floor. There is a locked cleaners' cupboard and separate chemical storeroom. There is a clearly documented process to transport waste/incontinence/soiled linen within the facility.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry services are contracted out and all linen (except personal laundry) is laundered daily. There is plenty of linen available for weekends. There is a defined dirty to clean flow in the laundry. Personal clothing can be done within the apartments. The laundry room is combined as a sluice/laundry. Chemicals are dispensed automatically, and others are stored securely. Two housekeepers interviewed were knowledgeable around infection control practise and management of infectious laundry.</p> <p>The cleaner's trolley is locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled and in original containers and chemicals are stored in the lockable cupboard in the cleaning trolley when in use. The cleaner was observed using best practice including the use of colour coded cloths and mops. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Staff have completed chemical safety training.</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>FA</p>	<p>The restraint policy at Holly Lea (updated March 2022) states, 'We are committed to achieving and maintaining a restraint-free environment that supports the health, wellbeing, and mana of our residents'. Restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure the residents cultural values and beliefs are known and complied with in recognition of the holistic framework of Te Whare Tapa Whā. The general manager of the facility (executive clinical lead for the</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>organisation) and clinical manager interviewed described the focus on maintaining a restraint-free environment. The general manager, as the executive clinical lead for the organisation, is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained throughout the organisation.</p> <p>Any restraint use is reported through monthly restraint champion reports overseen by the clinical manager who then reports to the general manager, which includes alternatives. The general manager reports to the executive team and board. The general manager is involved in the service on a regular basis and supports the management team on eliminating any restraint use. Restraint use is part of KPIs identified and reported at all levels of the organisation.</p> <p>The restraint coordinator is one of the registered nurses who currently champions this role and is overseen by the clinical nurse manager (CNM). There is a job description and the CNM has completed specific training to the role through the DHB. The restraint champion and clinical manager monitors environmental impacts on the use of restraint and implements changes that contribute to restraint minimisation. The restraint committee meets three monthly and monthly when restraint is in use. There is currently one resident with a lap belt which has been consented by the resident's spouse.</p> <p>The restraint management policy and procedure inform the delivery of services to avoid the use of restraint. The use of alternative methods is a focus of the policy. The policy includes holistic assessment processes of the person, care plan, and information on avoiding the use of restraint.</p> <p>Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. Manual handling and restraint training has been completed for all staff (February 2022) and all staff have current restraint competencies. Challenging behaviour and de-escalation education has been completed in June 2021. A training register supports management to monitor those staff who have not</p>
--	--	--

		completed training, or competencies are out of date.
<p>Subsection 6.2: Safe restraint</p> <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>	FA	<p>The restraint committee has determined and approved the following restraint equipment types which includes bed guards, waist chair lap belt and lazy boy fall out chair. Restraint is a clinical decision only initiated and as a last resort after consultation with a doctor, registered nurse, and restraint coordinator and involve the resident and/or their next of kin/representative. There is an implemented process describing the frequency and extent of monitoring restraint that relates to identified risks.</p> <p>The assessment process includes alternatives and identifies interventions and strategies that have been tried or implemented. There is one resident identified on the restraint register with a lap belt. A restraint assessment had been completed which linked to the care plan. The care plan includes interventions around the lap belt and includes all interventions to manage identified risks related to the resident's medical condition. Monitoring requirements are identified in the care plan. Records reviewed identified the regular monitoring of 15-minute checks, two-hourly release from restraint and hourly progress notes while the lap belt is in place. Monitoring includes residents cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. Progress notes describe restraint events. The restraint use is evaluated three-monthly in conjunction with the three-monthly medical review and was last completed 24 March 2022. The evaluation considered those listed in 6.2.7. The resident and family/whānau are involved in the review.</p> <p>The restraint policy includes clear guidelines around the use of emergency restraint. The policy states a full review of each restraint incident will be completed following the emergency restraint event, and the report forwarded to the restraint committee for consideration. A person-centred debrief following an emergency restraint episode will be conducted with the resident and or whānau by the restraint champion and/or the clinical manager. There have been no events of emergency restraint at Holly Lea.</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 data and implementing improvement activities.</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. Internal audits are completed six-monthly last completed March 2022. The outcome of internal audits goes through to the restraint committee, the quality and risk, infection control and health and safety meeting, RN meeting and staff meeting. The restraint committee meets three times yearly and includes a review of restraint use, restraint incidents, and education needs. Restraint data including any incidents are reported as part of the clinical nurse manager report to the facility general manager and the organisations general manager governance and operations. Restraint data is benchmarked, and the restraint champion and clinical manager described how corrective actions would be implemented where required.</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 standard by looking at the code. For example, a 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, a 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 of this audit.

No data to display

End of the report.