

Living Waters Medical Solutions Limited - Springvale Manor

Introduction

This report records the results of a Provisional 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:	Living Waters Medical Solutions Limited
Premises audited:	Springvale Manor
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 23 May 2022 End date: 24 May 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:	20

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.

General overview of the audit

Springvale Manor Rest Home, located in Whanganui, provides rest home and dementia levels of care for up to 27 residents. There were 20 residents on the day of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with families, management, staff, and the prospective buyer.

The facility manager, an enrolled nurse (EN), is experienced and is supported by the owner. Feedback from families was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

The prospective buyer, a general practitioner (GP) from the local area, owns one other aged care facility. He plans to continue with the current and established quality management plan. He plans to provide additional registered nursing (RN) and administrative support.

This provisional audit identified that one improvement is required in relation to RN staffing.

Ō tatou motika | Our rights

Springvale Manor provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were two Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of the residents and effectively communicating with them about their choices.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities are identified. Health and safety and hazard management systems are implemented.

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 secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an admission package available prior to or on entry to the service. The facility manager/enrolled nurse is currently responsible for each stage of service provision. The facility manager assesses, plans, and reviews residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The enrolled nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements an interesting and varied activity programme which includes outings, entertainment, and meaningful activities in line with the individual 24-hour activity plan created for each resident.

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

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

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors (secure for the dementia wing), seating and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Appropriate training, information, and equipment for responding to emergencies are provided.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff on entering employment and as part of the ongoing competency education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There has been one outbreak (Covid-19) since the previous audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. 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

The restraint coordinator is the facility manager during the absence of a registered nurse. There were four residents using restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan. The service

considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	1	0	0
Criteria	0	159	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit. There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, evidenced during telephone interviews with five family (four dementia, one rest home). Note: the facility was still under lockdown following a recent Covid outbreak at the time of this provisional audit.</p> <p>During the audit, there were two residents who identified as Māori living at the facility. The Māori residents and their whānau were not available for interview. A care plan for one of the residents included a cultural assessment with links to their care plan. Whānau and the resident had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>Linkages are in place with local maraes as per preference of staff and/or residents. A kaumātua is available on request through the Haumoana team at Wanganui District Health Board.</p>

		<p>The facility manager confirmed that the service supports a Māori workforce with eight staff identifying as Māori at the time of the audit. An additional six staff identify as being part Māori via marriage links. One Māori healthcare assistant interviewed stated that she speaks te reo Māori to residents who are able to understand her. One of the Māori residents is learning te reo Māori. The facility manager stated that she always allows her Māori staff to be given time off work to attend a tangi (funeral).</p> <p>The facility manager/enrolled nurse (EN) and five care staff interviewed (three healthcare assistant [HCAs], two activities assistants) were able to describe how care is based on the resident's individual values and beliefs.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Not Applicable</p>	<p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The facility manager understands the requirement to work towards the development of a Pacific health plan and plans to seek guidance from a Pasifika organisation and/or individual. At present, informal links are established with the Rivercity Assemblies of God (Whanganui Fijian Church) senior pastor.</p> <p>The service is actively recruiting new staff. The facility manager encourages and supports any staff that identifies as Pasifika through the employment process. There were two staff that identified as Pasifika (Fijian) at the time of the audit. The facility manager stated that Pasifika staff are always given Sundays off work due to their church commitments.</p>

		<p>Interviews with nine staff (five care staff, one laundry, one cleaner, one chef, one kitchen assistant), families; and documentation reviewed identified that the service puts people using the services, families, and the Whanganui community at the heart of their service.</p> <p>The prospective buyer is aware of the need for Springvale Manor to develop a Pacific health plan that includes input from Pacific communities that will focus on achieving equity and efficient provision of care for Pacific peoples. He supports the active recruitment of Pacific staff.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the three-monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake with fourteen staff either identifying themselves or their whānau as Māori and the facility manager fully supporting their values and beliefs.</p>

		The prospective owners know and understand the Code and that this must be adhered to, evidenced through interview.
<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>	FA	<p>The healthcare assistants (HCAs) interviewed described how they support residents to choose what they want to do. Families and care staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</p> <p>The services annual training plan reflects 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 each year confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote te reo Māori and tikanga Māori, and staff attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</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</p>	FA	<p>An abuse and neglect policy is being implemented. Springvale Manor Nursing Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. Staff rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct policy addresses</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>harassment, racism, and bullying.</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. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The families interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service. This document is retained in their staff file. Professional boundaries are defined in job descriptions. Interviews with HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents.</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. Three-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Fifteen accident/incident forms reviewed consistently indicated next of kin have been informed of an accident/incident. This was also confirmed during interviews with families.</p> <p>An interpreter policy and contact details of interpreters is 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</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the DHB specialist services, and hospice.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by the powers of attorney/welfare guardians. Consent forms for family notifications, photography, Covid and flu vaccinations were also on file where appropriate. Relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. One resident file reviewed also had a detailed and comprehensive advance care plan.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in all resident files sampled. Certificates of mental incapacity signed by the GP were also on file.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains records of complaints, actions taken, and resolution.</p> <p>Only one complaint has been received since the previous audit (November 2021). This complaint was lodged through the DHB on 27 April 2022 from an external provider following a resident transfer to hospital following a fall with fracture. The facility manager has responded to this complaint and has been informed by the DHB that no further action is required. The family member of the resident was interviewed and stated that she has not found any fault with the facility</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>and wished for her family member to return to Springvale Manor following the hospitalisation. She is very satisfied with the care and support provided to her family member.</p> <p>The facility manager stated that she addresses concerns as they arise. Staff are informed of any complaints received in staff meetings.</p> <p>Discussions with families 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 choose from to make a complaint or express a concern. Resident meetings are held three-monthly.</p> <p>Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p> <p>The prospective buyer is aware of the complaints process and timeline for responding to complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Springvale Manor Nursing Home, located in Whanganui, is certified for five rest home level and twenty-two dementia level beds. At the time of the audit the facility was in lockdown due to a Coronavirus outbreak. There were 20 residents in the facility (five rest home level and 15 dementia level). All residents were on the age-related residential care agreement (ARRC).</p> <p>The owners/directors are the governing body for Springvale Manor Limited. The facility manager was able to describe the company quality goals. The service organisation philosophy and strategic plan reflect a person/family centred approach to all services. There is a 2022 business plan that outlines objectives for the period. Objectives are signed off when fully-attained.</p> <p>The service is managed by an experienced facility manager (enrolled nurse/EN) who was the assistant manager prior to this role. She has been in her current role for the past two years. The facility manager is experienced in elderly care management both in New Zealand and</p>

		<p>Australia. She reports to one of the directors monthly.</p> <p>The RN position has been vacant since 1 April 2022. An RN has been hired and will begin employment on 1 June 2022. Two enrolled nurses (facility manager, staff EN) are filling in for the role of the RN (link 2.3.1).</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Whā and included the completion of a competency questionnaire.</p> <p>Work is underway to ensure that the service collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes for tāngata whaikaha.</p> <p>The prospective buyer is a practising GP who purchased another rest home (rest home beds only) in the local area one year ago. He plans to manage Springvale Manor under their current policies and procedures. Plans are in place to review all policies within three months of opening. A transition plan is documented. An interview with the prospective buyer confirmed his understanding of aged care. He has been the GP for Springvale Manor in the past although this has recently changed. He confirmed that his role is understanding the clinical aspects of aging and dementia. He plans to seek the guidance of the facility manager to ensure contractual requirements are adhered to.</p> <p>The prospective buyer has entered into a conditional sale and purchase agreement for the purchase of the Springvale Manor Nursing Home. Assuming the prospective buyer confirms the agreement, and the contract goes unconditional, the settlement/possession date is 45 days after the contract becomes unconditional. At the time of the audit, the proposed settlement date is 15 July 2022. The Whanganui District Health Board has been</p>
--	--	--

		informed.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Springvale Manor Nursing Home has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (e.g. falls, skin tears, infections, episodes of challenging behaviours) is collected with evidence of data shared in staff meetings. This is an improvement noted from the previous two audits.</p> <p>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. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed each year during the month of December. Surveys completed in 2021 reflect high levels of resident/family satisfaction. This was also confirmed during interviews with families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa service standards.</p> <p>A health and safety system is being implemented with the facility manager acting in the role of health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Each staff is assessed on their competency in regard to health and safety via a questionnaire they must complete each year.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Each resident file includes (monthly) monitoring their falls, injuries sustained (if any), interventions put in</p>

		<p>place, specific changes to the care plan and evaluation. Facility strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. A call alert bell system links the sound of the alert to the specific resident.</p> <p>Each incident/accident is documented in hard copy. Fifteen accident/incident forms reviewed since 1 April 2022 (witnessed and unwitnessed falls, skin tears, challenging behaviours) indicated that the forms are completed in full and are signed off by the EN. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. Neurological observations are consistently recorded for unwitnessed falls.</p> <p>Discussions with the facility manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. A section 31 report has been completed to notify HealthCERT around issues relating to RN cover. The DHB and public health are informed daily in regard to the current Covid outbreak and subsequent lockdown.</p> <p>The prospective provider has established and implemented quality and risk management programmes that they plan to implement at Springvale Manor. It is anticipated this will have minimal impact on Springvale Manor because both aged care facilities are utilising the same quality and risk management programmes, developed by an external consultant.</p> <p>Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity.</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</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides insufficient RN cover, failing to meet contractual requirements. A registered nurse has not been available since 1 April 2022. A section 31 was sent to HealthCERT to notify them of this situation. Two ENs are employed (one facility manager and one staff EN) to help to fill the gap while an RN has been recruited. This RN was expected to begin in early May but due to unforeseeable</p>

<p>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>circumstances will begin employment in one week, beginning on 1 June 2022.</p> <p>Interviews with staff confirmed that although they are very busy, overall staffing of healthcare assistants (HCAs) is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff.</p> <p>The facility manager/EN is employed full time. She stated that during the RN absence, she is working up to eleven-hour days, seven days a week. She is supported by a staff EN who also works full time (four days a week) including Sundays. The facility manager is on-call when not available onsite. Staff interviews confirmed that the facility manager is both supportive and available when needed.</p> <p>Springvale Manor, with five rest home level and fifteen dementia level residents, is staffed with three (eight-hour shift) HCAs on the AM shift and again on the PM shift. Two HCAs are rostered on the night shift. There are separate kitchen, cleaning, and laundry staff.</p> <p>Out of a total of 17 HCAs employed, one has completed their level four Careerforce qualification. Four HCAs hold a level three Careerforce qualification and eight are level two qualified. All HCAs work in the dementia unit. Eight HCAs have completed the required dementia qualification and the remaining nine are planning to complete their dementia qualification. These nine staff have been employed less than 18 months.</p> <p>Staff competencies are completed at orientation and then repeated annually (chemical safety, medication, fire evacuation, health and safety, restraint, infection control, care of sharps, hygiene and personal care of residents, skin care, nutrition and hydration, manual handling, sexuality and intimacy, documentation). Training sessions are delivered as in-services and via a DHB online education and training programme (Ko Awatea). Topics covered over the past 24 months include (but are not limited to) fire safety, first aid, chemical safety, continence, conjunctivitis, palliative care, wound care, the code of rights, infection control/hand hygiene. Staff also complete online</p>
--	--	--

		<p>cultural training specific to Māori and finding balance: Te Whare Tapa Whā. They complete competency questions that address tikanga Māori, te reo Māori, and also complete a practical examination of a Māori resident to ensure that they are cared for in a safe manner.</p> <p>The service encourages all their staff to attend monthly staff meetings. Resident/family meetings are scheduled three-monthly, chaired by the activity assistants although due to Covid have not taken place as scheduled.</p> <p>Health and safety in the workplace includes chemical safety, emergency management training and six-monthly fire drills.</p> <p>A staffing plan has been developed by the prospective owner. In addition to the existing staff, they plan to add an additional 0.5 full time equivalent (FTE) clinical manager/RN and a 0.4 FTE business manager to support the facility manager and RN. They plan to provide all staff with education and training consistent with the education and training plan currently being implemented.</p> <p>Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori and to ensure that the service invests in the development of organisational and staff health equity expertise.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office in a locked filing cabinet. Six staff files reviewed (one cleaner/cook, one EN, four HCAs) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals (e.g. ENs, GPs, pharmacy, podiatry). There is an</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>appraisal policy. All staff who had been employed for over one year had an annual appraisal completed.</p> <p>The service has implemented a general and role-specific orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for the residents.</p> <p>Information held about staff is kept secure, and confidential. At the time of the audit, ethnicity data was known but was not being collected.</p> <p>Staff wellness is given priority. Staff complete wellness training (finding balance: Te Whare Tapa Whā). The facility manager supports staff in their requests for time off work including Māori staff attending three-day tangi for whānau. Pasifika staff are not asked to work on Sundays so that they can attend church. Staff interviews confirmed that they appreciate the support that is offered to them in respect of their values and beliefs.</p> <p>The prospective owner stated he will ensure that all new staff are provided with an orientation in line with current orientation procedures.</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 information is held in a secure area. All resident files are documented in hard copy. Archived records are stored securely. Electronic information (e.g. meeting minutes, business plan) is backed-up using iCloud technology.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record.</p>

		<p>An initial care plan is completed within the initial 24 hours.</p> <p>The prospective buyer plans to maintain current methods of collection, storage and use of health information.</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 prospective residents are screened by the facility manager (enrolled nurse).</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 manager described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing and the needs of the prospective resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The facility manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the financial director, however, these records do not currently capture ethnicity. The facility manager advised the service will actively work towards gathering specific entry and decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had seven vacancies. The service receives referrals from the NASC service, the DHB, and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Springvale Manor (including dementia specific information) which is available for families/whānau 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. The facility manager described</p>

		<p>how Springvale Manor has a person and whānau-centred, rather than profit driven focus. Interviews with family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were two residents and nine staff members identifying as Māori. The service currently engages with local marae, kaumātua, the DHB Huamoana team and Pasifika link community organisation in order to further develop meaningful partnerships with Māori/Pasifika communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed (two rest home and three dementia level of care), with the facility manager (EN) currently being responsible for conducting all assessments and for the development of care plans in the absence of a registered nurse (link 2.3.1); however, the service has not taken any new admissions while not having a registered nurse on staff. There is evidence of whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes through the use of a Māori-specific assessment and care plan.</p> <p>Resident files reviewed evidenced staff work in partnership with residents and families when completing assessments and care plans to ensure they deliver services that give tāngata whaikaha choice and control over their care.</p> <p>The service uses a range of assessment tools in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include the Coombes falls, Norton pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of</p>

		<p>risk assessments are reflected in the care plan. The shortfall related to the assessment process identified at the previous audit (NZS 8134: 2008 criteria # 1.3.5.2) has been resolved.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents. Evaluations were completed six monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six monthly. The shortfalls related to service provision (NZS 8134: 2008 criteria # 1.3.3.3) and evaluations (NZS 8134: 2008 criteria # 1.3.8.2) identified at the previous audit have been fully satisfied.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once weekly and provides out of hours cover. The GP was not available for interview during the audit process. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service utilises a physiotherapist as required, and a nail technician provides for resident foot care. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local DHB.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCAs and at least weekly by the enrolled nurses. The enrolled nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a residents condition alters, the staff alert the enrolled nurses who then initiate a review with a GP. Family are notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any</p>
--	--	--

		<p>changes to health status. A family communication sheet records family notifications and discussions. There were four current wounds including two skin tears, one blister and one stage one (hospital acquired) pressure injury. The service has comprehensive wound assessments including photographs showing wound progress. A wound register and wound management plans are in use as required. The shortfall identified at the previous audit related to wound care (NZS 8134: 2008 criteria # 1.3.6.1) has been fully satisfied.</p> <p>There is access to the wound nurse specialist via the DHB. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the enrolled nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations are currently undertaken by the enrolled nurses as required and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</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</p>	FA	<p>The service employs three activities assistants (two are undertaking diversional therapy qualifications) who lead and facilitate the activity programme Monday to Friday. Saturdays and Sundays have HCAs facilitating activities that have been pre-prepared by the activities team and the activities assistants will also attend weekends for special celebrations and outings. A weekly activities calendar is posted on the noticeboards located in each area. Families are also kept informed of activities and upcoming events via email, and a video</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>communication platform which facilitates family/whānau attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities staff/HCAs.</p> <p>Each resident has a 24-hour individual-activities care plan which contains strategies for distraction and de-escalation should they be required. The activity plans sampled were comprehensive and reviewed at least six-monthly. A weekly activities calendar is posted on the noticeboards located in each area and rest home residents go through to the main (dementia) unit for joint communal activities</p> <p>The service provides a range of activities such as crafts, exercises, bingo, baking, quizzes, sing-alongs, movies, and van trips utilising a community hire minibus. At least two staff accompany residents on outings, one of whom being CPR/first aid trained. Residents enjoy visits to local parks, gardens, and shopping centres. Community visitors include entertainers, canine pet therapy, and the local Ratana and Pasifika churches. The service provides music therapy, audible books, exercise, and medication sessions for the residents. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. A themed event for world turtle day with quizzes and resources was witnessed during audit. Cultural themed activities including the use of Māori music, language and TV/film are utilised. The use of te reo Māori for everyday use is encouraged and residents are assisted in karakia before meals by the activities team. Families/whānau interviewed spoke positively of the activity programme.</p> <p>The prospective purchaser has no immediate plans to change the activities programme.</p>
--	--	---

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (enrolled nurses, and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The enrolled nurses have completed syringe driver training, however as there is no current registered nurse on staff, they do not load the syringes, only trouble shoot. Full management of any syringe driver is carried out by the community hospice registered nurses in conjunction with the GP.</p> <p>Staff were observed to be safely administering medications. The facility manager (EN) and HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room storage area. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There were no self-medicating residents, no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. The facility manager described working in partnership with the current Māori residents/whānau and the local community to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is</p>
---	-----------	---

		<p>prioritised to achieve better health outcomes.</p> <p>The prospective purchaser has no immediate plans to change the medication management system.</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 lead chef oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by enrolled nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the chef (interviewed) works closely with the care staff on duty. The service purees foods onsite to those residents requiring this modification. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally, with meals being served directly from the kitchen into both the rest home and dementia unit dining rooms. A tray service to resident’s rooms is also available as required.</p> <p>There is a current food control plan which was audited on 3 February 2022 and validated for a further eighteen months. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau surveys and one-to-one interaction with care staff in the dining rooms allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori and Pasifika are cooked by a staff member who identifies as Māori. Nutritious snacks and finger foods are available for the residents at any time of the day or night. Residents and family/whānau members indicated satisfaction with the food.</p> <p>The prospective purchaser has no immediate plans to change the</p>

		provision of food services.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support, DHB Haumoana team or kaupapa Māori agencies where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires 22 June 2022. The facility manager oversees maintenance and utilises external contractors for any repairs and/or maintenance required. There is a maintenance request book for repair and maintenance requests located at the manager's office. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in March 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>The contractors are used to look after the gardens and grounds. 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. There are separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate.</p>

		<p>Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Care staff interviewed reported that they have adequate space to provide care to residents. Residents and family/whānau are encouraged to personalise bedrooms for the residents as viewed on the day of audit. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>All dementia level residents share the two communal showers and six communal toilets within the unit. All have signage to show when vacant or occupied and privacy curtains. Residents in the dementia unit have four points of access into the gardens and walking paths within a secure environment. The dementia unit has a main lounge with smaller lounge/quiet area adjoining. There is also a separate lounge/games room with pool table.</p> <p>The five rest home level rooms each have their own ensuite. The external areas and gardens (secure for dementia) have seating and shade. There are also resident accessible garden beds with fruit and vegetables. There is safe access to all communal areas with rest home access through the dining room. The rest home has its own lounge with library and activity resources.</p> <p>The service is not planning any major refurbishments or building projects; however, the service is open to consider how designs and environments reflect the aspirations and identity of Māori.</p> <p>The prospective purchasers are not planning any immediate environmental changes to the facility other than ongoing repairs.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe</p>

<p>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>and timely evacuation of the facility in the 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 is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. 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 250 litres of stored water. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells in the dementia unit are associated with specific auditory alerts that link to a particular resident. Families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The facility manager oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted twice yearly as part of the annual audit programme. The facility manager and financial director are part of the quality team where infection matters are raised. Infection rates are presented and discussed at the staff/quality meetings. Infection control is part of the strategic and quality plan.</p> <p>The service has access to an infection prevention clinical nurse</p>

		<p>specialist from the local DHB.</p> <p>At the time of the audit, the facility was not open to visitors, other than on compassionate grounds. Any trades people or visitors are asked to pre-book and perform a rapid antigen test (RAT), with a negative result being required prior to entry. Covid-19 temperature screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. The service has a 100% vaccination rate for influenza and Covid-19 among both residents and staff. There were no residents with Covid-19 infections on the days of audit.</p> <p>The prospective purchaser has no immediate plans to change the established infection control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control (IC) coordinator has been in the role for two years and is supported by the nursing team and GP. During the recent Covid-19 outbreak there were regular zoom meetings with the DHB specialist providing support for the facility. The service has a Covid-19 response plan which has been utilised in the preparation and planning for the management of the recent lockdown, screening, and positive tests when this has occurred.</p> <p>The infection control coordinator has completed infection control training through the local DHB online portal and there is good external support from the GP, laboratory, external consultant, and the infection control nurse specialist at the DHB. There are outbreak kits readily available and a personal protective equipment store.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the training and education of staff. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents, whānau and staff in order to provide culturally safe practice and acknowledge Te Tiriti o Waitangi. Policies and procedures are reviewed by the</p>

		<p>facility manager in consultation with the external consultant. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with an antiviral spray. The infection control coordinator has input to the procurement of equipment and supplies.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control in-services and associated competencies such as handwashing and personal protective. Resident education occurs as part of the daily cares. Families/whanau were kept informed and updated on Covid-19 policies and procedures via email and newsletters</p> <p>There are no plans to change the current environment, however, the prospective purchaser will consult with the infection control coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The GP and facility manager monitor antibiotic use. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is avoided where possible.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections</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>based on signs, symptoms, and definition of infection. Infections are entered into the paper-based infection register base and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality/staff meetings and daily updates held during the recent outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from the DHB for any community concerns.</p> <p>There has been one outbreak since the previous audit (Covid-19), affecting 16 residents and 19 staff, which was appropriately managed with the DHB and public health unit appropriately notified. At the time of audit the facility was still closed to visitors; however, there were no active cases, and the service was due to come out of lockdown later the same week.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room with personal protective equipment available including face visors available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. All laundry is processed on site by a dedicated laundry person seven</p>

		<p>days per week. The laundry has a defined clean/dirty area and separate folding/sorting room. The linen storage room was well stocked.</p> <p>The cleaners' trolley was attended at all times and are locked away when not in use. All chemicals on the cleaner's trolley were labelled.</p> <p>There was appropriate personal protective clothing readily available and in use by cleaning and laundry staff to minimise staff exposure to Covid during the recent outbreak. This included the use of N95 masks and face visors. High touch areas were subject to an increased frequency of cleaning with disposable antiviral wipes. The cleaning and laundry staff interviewed were knowledgeable.</p> <p>The prospective purchaser has no immediate plans to change the current laundry or cleaning provision.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, 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 services are mana enhancing. At the time of the audit, there were four (dementia level) residents using restraint (three bed rails and one safety belt).</p> <p>The facility manager is the restraint coordinator and is committed to providing services to residents without use of restraint. The use of restraint (if any) is reported in the monthly staff meetings.</p> <p>Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>
<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>	FA	<p>straint register is maintained by the restraint coordinator. Four (dementia level) residents are listed on the register (three bedrails, one safety belt). All four residents' files were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). All four residents were using restraint as a last resort. Written consent</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>was obtained by each resident's EPOA. No emergency restraints have been required.</p> <p>Monitoring forms are completed for each resident using restraint and takes into account their individual values and beliefs. Bedrails are monitored two-hourly, and the safety belt is monitored on an hourly basis. Timeframes for monitoring are determined based on the risks of the restraint being used. No accidents or incidents have occurred as a result of restraint use.</p> <p>Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place six-monthly.</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 restraint programme is monitored and reviewed regularly by the facility manager/restraint coordinator with the intent to eliminate the need for restraint. Included in this process is the evaluation of the staff restraint education programme. A recent staff training initiative has been the implementation of a restraint competency questionnaire with questions that target how restraint can be eliminated. Staff are also requested to identify four cultural considerations when using restraint.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>As per the ARC contract with the DHB, a rest home and dementia level aged care facility is required to employ, contract, or otherwise engage at least one RN to be responsible for working with staff to assess each resident, develop care plans, advise on care and medication administration, provide, and supervise care, act as a resource person, monitor staff competence, advise on staff training needs, and assist with the development and implementation of policies and procedures.</p> <p>During the absence of the RN, two ENs are filling the role within their scope of practice. An RN was employed to begin work in early May but due to unforeseen complications, will not begin work until 1 June 2022. HealthCERT and the DHB have been</p>	<p>The service does not have a current employed or contracted registered nurse as per the ARC contract D17.3e. There has not been a registered nurse employed since 1 April 2022. An RN has been employed and begins work on 1 June 2022. During the interim, two ENs are employed (facility manager, staff EN). Since the draft report, the provider has reported a registered nurse commenced orientation 1 June.</p>	<p>Ensure a registered nurse is engaged to meet the requirements of the ARC contract D17.3 e i-viii.</p> <p>30 days</p>

		<p>informed of this situation.</p> <p>The prospective buyer currently operates a rest home (level two) aged care facility in Whanganui that was purchased one year ago (22 March 2021). Plans are in place to keep the current staffing levels, and in addition, add a part time clinical manager/RN and business manager.</p>		
--	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, 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.