# Eileen Mary Age Care Limited - Eileen Mary Retirement Care Centre

## 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 The DAA Group Limited, 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Eileen Mary Age Care Limited

**Premises audited:** Eileen Mary Residential Care Centre

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

**Dates of audit:** Start date: 25 May 2022 End date: 26 May 2022

**Proposed changes to current services (if any):** There is an intention to apply for certification to add hospital (medical – non-acute) services to the service.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 57

# 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 haumaru │ 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 |
|  | 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

Eileen Mary Residential Care Centre provides rest home and hospital level services for up to 58 residents.

This certification audit included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, family/whānau, board members, regional and local managers, staff, and a nurse practitioner.

A strength of the service, resulting in a continuous improvement rating related to the staff education programme. Improvements are required in relation to care planning and call bell response.

Eileen Mary is planning to apply for certification to add hospital (medical – non-acute) services in the near future.

## 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. |  | Subsections applicable to this service fully attained. |

Eileen Mary Residential Care Centre provides an environment that supports residents’ rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations.

There is a health plan that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. The service works collaboratively with internal and external Māori and Pacifica supports to encourage Māori and Pacifica world views of health in service delivery.

Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori staff interviewed.

Residents receive services in a manner that respects 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. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## 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. |  | Subsections applicable to this service fully attained. |

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in care delivery, honouring Te Tiriti and working to remove barriers and improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifying trends to make improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents’ and staff information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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. |  | Subsections applicable to this service fully attained. |

When people are admitted to Eileen Mary Residential Care Centre a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess and plan care. Care plans are individualised, based on comprehensive information. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are transitioned or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaru │ 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. |  | Subsections applicable to this service fully attained. |

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Call bells are in place. Security is maintained.

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

|  |  |  |
| --- | --- | --- |
| 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. |  | Subsections applicable to this service fully attained. |

The senior leadership team ensures the safety of residents and staff through the implementation of a planned infection prevention and control (IPC) programme that is appropriate to the size and complexity of the service. It is adequately resourced. Two experienced and trained infection control coordinators (one being the facility manager) leads the programme and are involved in procurement processes.

A suite of infection prevention and control policies and procedures are in place. The senior management team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

## Here taratahi │ Restraint and seclusion

|  |  |  |
| --- | --- | --- |
| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |

The service is working toward a restraint free environment. This is supported by the organisation’s policies and procedures There were nine residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## 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 | 28 | 0 | 0 | 1 | 0 | 0 |
| **Criteria** | 1 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA |  Eileen Mary Residential Care Centre (Eileen Mary) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Manu motuhake is respected. Residents and family/whānau interviewed reported that staff respected their right to self-determination, and residents (three) identifying as Māori reported feeling culturally safe.A Māori health plan has been developed with input from Māori staff and cultural advisers and this is used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Interviews with a Māori resident confirmed that the service is actively supporting their needs and aspirations.The service supports increasing Māori capacity by employing more Māori staff members across senior levels of the organisation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There are nine staff who identify as Māori in the organisation, including one who is a registered nurse.The service has links with a Māori health support through the MidCentral District Health Board (MCDHB) and other tangata and (local) mana whenua organisations. |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | The service is aware of its responsibilities to work with Pacific communities. It has one staff member who identifies with a Pacific people who could be used as a resource if required. The staff member is very involved in the local community and has the ability to connect with local Pacifica communities. There were no residents in the facility who identified as being Pacifica during the audit. Eileen Mary’s business plan covers equity approaches for Pacific peoples but there is currently no specific Pacific Health plan to guide care beyond the ‘My life/My care’ plan that is resident-directed and individually focussed.Interview with the organisation’s managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples but have not yet commenced work around this.The service supports increasing Pacifica staff capacity by employing Pacifica staff members across differing levels of the organisation as vacancies and applications for employment permit. |
| Subsection 1.3: My rights during service deliveryThe People: My rights have meaningful effect through the actions and behaviours of others.Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA |  Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code) and were observed supporting residents in accordance with their wishes.Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English and te reo Māori. Eileen Mary has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, the Māori health unit at (MCDHB), and the local Māori health provider. |
| Subsection 1.4: I am treated with respectThe People: I can be who I am when I am treated with dignity and respect.Te Tiriti: Service providers commit to Māori mana motuhake.As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Eileen Mary supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted. Staff were aware of how to act on residents’ advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit.Staff were observed to maintain privacy throughout the audit. All residents have a private room. |
| Subsection 1.5: I am protected from abuseThe People: I feel safe and protected from abuse.Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Employment practices at Eileen Mary include police vetting. Policies and procedures outline safeguards in place to protect people from abuse, and workers follow a code of conduct. Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property is respected. Professional boundaries are maintained. A holistic Te Whare Tapa Whā model of health at Eileen Mary is promoted, that encompasses an individualised approach that ensures best outcomes for all. |
| Subsection 1.6: Effective communication occursThe people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Residents and family/whānau at Eileen Mary reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format in English and in te reo Māori (by Māori staff) if required. There is no signage (other than the Code) in te reo around the facility, though discussion with the facility manager (FM) and staff evidenced this is planned to occur by the end of 2022. Changes to residents’ health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred. Staff knew how to access interpreter services, if required, and phone numbers to access interpreter services are on display. |
| Subsection 1.7: I am informed and able to make choicesThe 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.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.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. | FA | Residents at Eileen Mary and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident’s record. Eight staff who identify as Māori assist other staff to support cultural practices. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them. |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.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.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. | FA | A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau interviewed during the audit understood their right to make a complaint and were able to explain how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. There is a process in place to manage complaints from Māori (should there be any) in a culturally appropriate way. There is reference in policy around how to make a complaint in te reo Māori and staff are cognisant of the process to seek support from whānau and iwi should this be required.There have been two complaints received from external sources since the previous audit, one via the MCDHB and one from the Health and Disability Commissioner (HDC); both are still open.Other than the above, there have been three complaints in the last 12 months; two related to care and one to medication management. The complaints were managed as per the service’s complaints procedure, appropriate actions or corrective action instigated, and the issue resolved with the complainant in a timely manner. |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.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.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. | FA | The governing body assumes accountability for delivering a high-quality service but does not currently have meaningful Māori representation at Board level, nor has equity for Māori and tāngata whaikaha been fully addressed. The business plan includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals do, however, aim for integrated service delivery and mana motuhake values is embedded into all levels of practice for all residents.There is a defined governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified manager to manage the service who is a registered nurse. External support for te ao Māori and Pacific peoples is available through MCDHB, the staff and staff links to the wider community.Board minutes sighted demonstrated leadership and commitment to quality and risk management with adequate information to monitor performance.The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.The management team works with staff to meet the requirements of relevant standards and legislation. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process. A sample of reports reviewed showed adequate information to monitor performance is reported. Eileen Mary also evaluates services through meetings with residents and their family/whānau (though these have been disrupted due to the COVID-19 pandemic), and through resident surveys, making relevant changes where shortfalls are identified, or new ideas elicited.The service holds contracts with MCDHB for the provision of rest home and hospital (geriatric), respite services, with the Ministry of Health (MoH) for mana whaikaha (disability) services and with MCDHB for recovery residents. The service is looking to increase its service offerings through an application for certification to include hospital (medical – non-acute services) in the future. Fifty-seven (57) residents were receiving services at the time of audit (this includes 19 from serviced occupation rights agreement (ORA) apartments); 39 receiving rest home services (this includes two residents from the serviced apartments, and two under the MoH mana whaikaha funding), 18 receiving hospital (geriatric) level services (includes four health recovery residents under MCDHB funding). |
| Subsection 2.2: Quality and riskThe 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.Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.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. | FA | The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.The facility manager understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed were current and covered most of the necessary aspects of the service and contractual requirements. Those that did not, related to new criteria under the Ngā Paerewa: Health and disability services standard 2021, and these are being addressed.Residents, family/whānau and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident and family/whānau satisfaction survey (2022) were primarily favourable with a corrective action raised related to call bell response (refer subsection 4.2). An action plan was put into place with respect to monitoring call bell response times and staff education, the issue is still being reported by residents (refer criterion 3.2.5). Call bell monitoring being carried out by the facility does not, however, support an ongoing issue.Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and followed-up in a timely manner. Three incident forms were noted as recording adverse events, and action required to minimise these events were recorded in the resident’s progress notes, but strategies to minimise recurrence were not included in the resident’s ongoing plan of care (refer criterion 3.2.5).The facility manager understood and has complied with essential notification reporting requirements. There have been two section 31 notifications completed since the last audit (both related to RN shortages) and one to MCDHB (COVID-19 notification).Staff have input into the quality programme through quality, health and safety, infection control, kitchen, restraint, and staff meetings. These ensure that quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon. Corrective action plans are documented following each meeting, detailing actions to be taken.Should Eileen Mary be successful in their application for certification for hospital (medical – non-acute) services, it has the systems in place to manage quality and risk. |
| Subsection 2.3: Service managementThe people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Staffing for the serviced ORA apartments, which are within the footprint of the care facility, is covered from the care centre. The facility adjusts staffing levels to meet the changing needs of residents. While residents noted that staff were busy and that there was some delay in answering call bells (refer criterion 4.2.5), care staff reported there were adequate staff to complete the work allocated to them and call bell monitoring does not support delayed response. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage for residents requiring hospital level care.Staffing for the facility comprises of RN cover over seven days per week. There is one RN on a morning shift, supported by a senior RN and the FM who works Monday to Friday and is on-call. Afternoon and night shifts have an RN rostered; all RN shifts are eight-hours. Whilst the present RN cover meets legislative requirements, there has been a reduction from two RNs in the morning and two RNs in the afternoon to one on each shift due to the inability of the facility to source RNs (refer criterion 3.2.5). The RNs are supported by caregivers, five in the morning, one of whom is medication competent (two seven and a half-hours, one seven-hours, and two five-hours); five in the afternoon, one of whom is medication competent (two seven and a half-hours, one six and a half-hours, one six-hours, and one four-hours); and two on night shift (eight-hour shifts).The service also employs two activities staff who job share seven days per week (for eight-hours). Domestic (cleaning and laundry) and food services are carried out by dedicated staff seven days per week. Support staff also includes administration and maintenance.Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio. Continuing education is planned on a biannual basis, it is delivered annually and includes mandatory training requirements. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti o Waitangi, and tikanga practices. Related competencies, including care of the resident requiring palliative care and syringe drivers, are assessed and support equitable service delivery. Eileen Mary has put a large amount of work into improving its education programme since it identified low attendance in 2018-2019 (refer CI rating 2.3.4). The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. Training and competency support are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective equipment (PPE).Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment. |
| Subsection 2.4: Health care and support workersThe 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.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.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. | FA |  Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of seven staff records were reviewed (one clinical leader, two RNs, one caregiver, one housekeeper, one laundry, one from the kitchen) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. In policy, staff performance is to be reviewed after three months and then annually and this is consistently taking place.Staff performance is reviewed and discussed at regular intervals. Ethnicity data is recorded and used in line with health information standards. The service understands its obligations in recruitment in line with the Ngā Paerewa standard and is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation (including management and governance) dependent on vacancies and applicants There is a plan in place to add ethnicity data to Board reporting.A register of practising certificates is maintained for RNs and associated health contractors (e.g., the nurse practitioner (NP), physiotherapist, and pharmacists).The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented. |
| Subsection 2.5: InformationThe people: Service providers manage my information sensitively and in accordance with my wishes.Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.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. | FA | The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically and is password protected.Residents’ records are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents’ files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents were sighted for data collection. Data collected includes ethnicity data. Eileen Mary is not responsible to National Health Index registration of people receiving services.Residents’ files are integrated electronic and hard-copy files. Hard-copy files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. |
| Subsection 3.1: Entry and declining entryThe 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.Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.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. | FA | Residents are admitted to Eileen Mary when the local Needs Assessment and Service Coordination service have undertaken an assessment and confirmed the resident requires the level of care Eileen Mary provides. Five family/whanau members interviewed, stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Eileen Mary collects ethnicity data of entry and decline rates; this includes entry and decline rates for Māori. There has not been any analysis of this data.Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.Eileen Mary has developed meaningful partnerships with the local Māori health provider and the Māori health unit at MDHB, to benefit Māori individuals and whānau. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Eileen Mary, several residents request the local Māori health provider to manage their medical needs. |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | The multidisciplinary team at Eileen Mary works in partnership with the resident and family/whānau to support the resident’s wellbeing. Ten residents’ files were reviewed. Seven of these were hospital files and three files belonged to residents in the rest home. Files reviewed included files of residents who identified as Māori, were receiving respite care, receiving care under a health recovery contract, receiving care under a mana whaikaha contract, receiving care for facility acquired pressure injuries, and a resident admitted with a pressure injury. Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. This was verified by sampling residents’ records, from interviews, including with the nurse practitioner (NP), and from observations.Management of any specific medical conditions was documented. Evidence of potential risks were not always documented. At times there was inconsistency in the documentation around the care required. Regular evaluations are documented; however, where progress is different to that expected, changes were not always made to the care plan. These are areas requiring attention.Residents and whānau interviewed, confirmed active involvement in the process, including residents with a disability. |
| Subsection 3.3: Individualised activitiesThe people: I participate in what matters to me in a way that I like.Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | The two activities coordinators provide an activities programme, seven days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.Activity assessments and plans identified individual interests and considered the person’s identity. Individual and group activities reflected residents’ goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated, especially through song.The activity coordinators who both identify as Māori, actively promote local Māori involvement in the activity programme, especially supporting the younger Māori residents who reside at Eileen Mary. Prior to Covid-19 restrictions being in place, several community groups including the local school and Kapa Haka groups visited Eileen Mary, however this has not occurred during the Covid-19 outbreak. Residents’ meetings occur every six-eight weeks, and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are generally satisfied with deficits only identified with complaints awareness and call bell response (refer criterion 4.2).Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs. |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.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. | FA |  The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.Prescribing practices meet requirements. The required three-monthly NP review was consistently recorded on the medicine chart. Standing orders are not used at Eileen Mary.Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.Over-the-counter medication and supplements are considered by the prescriber as part of the person’s medication.Māori residents have access to Māori massage sessions and access to Māori counsellors from the local Māori Health unit if requested. |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The food service provided at Eileen Mary is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in May 2022. Recommendations made at that time have been implemented.All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken in January 2022 by the Tararua District Council. No areas requiring corrective action was identified, and the plan was verified for 18 months.Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Residents who identify as Māori are provided with options that are culturally specific to te ao Māori. All residents have opportunities to request meals of their choice and the kitchen will attend to this.Evidence of residents’ satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. |
| Subsection 3.6: Transition, transfer, and dischargeThe 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.Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.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. | FA | Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Any resident requiring afterhours medical services are required to be transferred via ambulance to Palmerston North Hospital. A local community hospital is operational but is only accessible to residents within normal working hours if they have been referred and seen by a general practitioner. |
| Subsection 4.1: The facilityThe 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.Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.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. | FA | Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas and where deficits are identified. Evidence of remediation was sighted. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 13 May 2023. There are currently no plans for further building projects requiring consultation.The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. The facility is currently separated into four care areas as part of the organisation’s COVID-19 strategy. There are lounge facilities with two shared dining areas. Lounge areas are used for activities for residents. External areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors. All rooms, bathrooms and common areas have appropriately situated call bells.Residents’ rooms are of differing size but all allowed space for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident’s preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. Gas central heating is in place. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit.Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents. |
| Subsection 4.2: Security of people and workforceThe people: I trust that if there is an emergency, my service provider will ensure I am safe.Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service and this is reflected in the Fire and Emergency Management Scheme (reviewed 20 March 2021). A fire evacuation drill is held six-monthly, most recently on 20 May 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.Call bells alert staff to residents requiring assistance. The resident satisfaction survey undertaken in January 2022 outlined delays in call bell response and while an action plan was put into place to correct this, residents interviewed during the audit reported that this was continuing. Since the outcomes of the January 2022 resident satisfaction survey became available, call bells have been downloaded and reviewed daily. Review of the data over the previous eight weeks showed that most call bells were being answered in one to three minutes, and with the exception of two, remaining call bells were being answered within five minutes. The two remaining bells were answered between seven and eight minutes and, where these are noted, they are investigated and if necessary addressed with the staff member(s) concerned.Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7. |
| Subsection 5.1: GovernanceThe people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.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. | FA | The infection prevention (IP) programme is appropriate to the size and complexity of the service. It has been approved by the governing body, links to the quality improvement system and is reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.The antimicrobial stewardship (AMS) programme has not been approved by the governing body at this stage The programme is currently being formulated by an external advisory company, experienced in AMS, and has not yet been fully implemented at Eileen Mary (refer subsection 5.2). This is to be addressed by the end of 2022.A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. |
| Subsection 5.2: The infection prevention programme and implementationThe people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.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.As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection prevention and control coordinators (IPCCs) at Eileen Mary are responsible for overseeing and implementing the Infection Prevention and Antimicrobial Stewardship Programme. One of the IPCC is the FM with reporting lines to the clinical quality support group facilities officer, who reports to the general manager and the board. The AMS programme is being formulated by an external advisory company, experienced in AMS, and has not yet been fully implemented at Eileen Mary (refer subsection 5.1 and 5.3). The IPC programme is linked to the quality improvement programme that is reviewed and reported on annually. The IPCCs have appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.With Covid-19 restrictions in place visiting is limited, and all staff and visitors prior to entry require evidence of vaccination and a negative rapid antigen test (RAT). |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementationThe people: I trust that my service provider is committed to responsible antimicrobial use.Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.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. | FA | Eileen Mary is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place, however it has not been fully implemented yet. The programme aims to prevent the transmission of infections, provides staff with education on prevention and antimicrobial stewardship practices, informs staff of any infectious hazards, maintains adequate resources to control the spread of harmful organisms, maintains systems to detect infection spread, and ensures outbreaks are notified and identifies infection clusters. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)The people: My health and progress are monitored as part of the surveillance programme.Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.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. | FA | Surveillance of health care-associated infections is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Eileen Mary uses standardised surveillance definitions to identify and classify infection events that relate to the type of infections under surveillance.Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented. There has been one resident with Covid-19 since the outbreak started in NZ. The resident was isolated in their room, and the facility closed. The Regional Public Health Unit (RPH) and the MDHB were informed. Several staff have been close contacts and remained off work and visiting was restricted. |
| Subsection 5.5: EnvironmentThe people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.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.As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Eileen Mary. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including residents’ personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation. |
| Subsection 6.1: A process of restraintThe people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Maintaining a restraint free environment is the aim of the service. The governance group demonstrates commitment to this through its business planning and board reporting. At the time of audit, nine residents were using a restraint, four were using bedrails and five bedrails and brief belts. Restraint is used as a last resort when all alternatives have been explored.Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role undertaken by an RN, providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Family/whānau/EPOA were involved in decision making. |
| Subsection 6.2: Safe restraintThe 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.Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. | FA | Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Family/whānau confirmed their involvement. Access to advocacy is facilitated as necessary. Debrief is available where appropriate, with an appropriately qualified person. There are processes in place for emergency restraint should this be required.A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. |
| Subsection 6.3: Quality review of restraintThe people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.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.As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. | FA | The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint has not been significantly reduced since the last audit, but the organisation is working on restraint reduction with a view to elimination. |

# Specific results for criterion where corrective actions are required

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 3.2.5Planned review of a person’s care or support plan shall:(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;(b) Include the use of a range of outcome measurements;(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan. | PA Moderate | Two residents recently readmitted for respite care had an initial care plan in place that was from the previous admission and completed in the required timeframes. No updated assessment or care plan had been implemented on this admission to identify any documented change in need or reassessment. Residents’ needs hadn’t changed; however, this was purely a documentation issue. Care was being provided as needed, and the residents were happy. Four residents with stage one or two pressure injuries (one being present on admission) had no evidence of a review of the dressing regime. No preventative strategies were documented in the care plan to minimise pressure injuries prior to their development, despite evidence of risk.Three incident forms recording adverse events, and the strategies required to minimise these events, are recorded in the resident’s progress notes, however are not included in the resident’s ongoing plan of care (refer subsection 2.2).A rest home resident identified as continent and has no catheter, also has documentation in place that requests a catheter change every three months. Evidence verified there is a catheter, and it is being changed as requested.A resident who is receiving a palliative approach in the care provided has no documentation recording this in the care plan.A resident who was deteriorating did not have the plan of care updated to reflect the residents changing needs.Interviews with eight of twelve residents, reported that staff are very busy and working long hours due to sickness and Covid-19 leave and bells are often not answered promptly (refer subsection 4.2). While the roster is full, casual staff are augmenting the staffing during this time and caregiving staff are working extended shifts. RNs are also working extended shifts and paperwork is often not completed (refer subsection 2.3). | Seven of ten files reviewed did not have documentation in place to verify ongoing re-assessment and review of the resident’s care was being undertaken. The care being provided to residents was not consistently reflected in care plan documentation. | Provide evidence resident care is reviewed through ongoing reassessment and changes in the care required is identified and documented in the care plan.90 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 2.3.4Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services. | CI | Eileen Mary has put a significant amount of work into improving its education programme. In 2018-2019 it identified low attendance and established an improvement programme to increase attendance at the education sessions to support staff knowledge and improvements in care delivery. As part of the investigation into this, it was found that education was not well advertised or organised, and this resulted in poor attendance. A staff survey was also conducted to ascertain barriers to attendance. The outcomes of this was that staff were on their days off, working later in the day so would have to come in early, have other family commitments, the time was cancelled without notification, they forget, or were sleeping (night staff). Actions were put into place to make education fit the organisation more effectively. Programmes were printed and posted each month to all departments so that staff could plan to attend, outside sources were used (‘Zoom’ during COVID-19 lockdowns) to make the programme more interesting, ‘treats’ were given to entice attendance, resources were re-written to make them more interactional and interesting. The results of the programme were that there was an increased attendance (2019 – 108, 2020 – 358, 2021 – 331, 2022 (to end April) ‑ 208). Staff interviewed reported that they had learned a lot using the new resources, found the external input interesting, and feel more informed about care activities which they can then put into practice. | Actions were put into place to make education fit the organisation more effectively. Programmes were printed and posted each month to all departments so that staff could plan to attend, outside sources were used (Zoom during COVID-19 lockdowns) to make the programme more interesting, ‘treats’ were given to entice attendance, resources were re-written to make them more interactional and interesting. The results of the programme were that there was an increased attendance (2019 – 108, 2020 – 358, 2021 – 331, 2022 (to end April) ‑ 208). Staff interviewed reported that they had learned a lot using the new resources, found the external input interesting, and feel more informed about care activities which they can then put into practice. |

End of the report.