

Rivercrest Cromwell Limited - Golden View Care

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

Premises audited: Golden View Care

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

Dates of audit: Start date: 20 June 2022 End date: 21 June 2022

Proposed changes to current services (if any): The service was also verified as suitable to provide hospital services-medical level care. This was also verified at their partial provisional prior to opening July 2021.

Total beds occupied across all premises included in the audit on the first day of the audit: 48

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

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

General overview of the audit

Golden View Lifestyle Village provides hospital (geriatric and medical), rest home and dementia levels of care for up to 60 residents. There were 48 residents living at the facility.

This certification audit was conducted against the Ngā Paerewa Health and Disability 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 residents, family, management, staff, and a nurse practitioner. The audit also verified the service as suitable to provide hospital- medical level care.

The management team are experienced in aged care and include the general manager, a consultant/RN, and a clinical manager/RN. Quality systems and processes are documented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that improvements are required in relation to sharing quality data with staff, care plan evaluations, and medication management.

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.

Golden View Lifestyle Village provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Golden View Lifestyle Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Some subsections applicable to this service partially attained and of low risk

The business plan includes a mission statement and operational objectives. Their service philosophy is based on Te Whare Tapu Whā. The service has quality and risk management systems established. Quality improvement projects are implemented. Internal audits and the collation of clinical data were documented as taking place as scheduled, with corrective actions as indicated.

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

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

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 and snacks are available 24/7.

Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. The building is a modern purpose-built facility with a current certificate of public use. The facilities, furnishings, floorings, and equipment are designed to minimise harm to residents. Both the dual purpose and dementia units have spacious communal dining and lounge areas with satellite kitchenette servery areas. The dementia unit is secure with home like features. The secure outdoor area provides pathways for walking and areas of interest. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. External garden areas have suitable and safe pathways. All rooms have full ensuite facilities. There are suitable lighting, ventilation, and heating in all areas

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security cameras are installed internally and externally throughout the facility.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. 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 are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections 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 restraint coordinator is the clinical support nurse/RN. There were no restraints used at Golden View Lifestyle Village 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	23	0	1	2	0	0
Criteria	0	141	0	1	3	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>A Māori Health Plan and a cultural safe policy are documented for the service. The Māori health plan is guided by the requirements of Ngā Paerewa Health and disability services standard NZS 8134:2021. The policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan as key indicators towards meeting the requirements of the Standard.</p> <p>A kaumātua blessed the initial opening of the care home in 2021.</p> <p>The service had no residents who identified as Māori. The service is working towards developing relationships with Māori stakeholders.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were no Māori</p>

		<p>staff members. All staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Twelve care staff interviewed (four caregivers, six registered nurses [RNs] and one enrolled nurse [EN] and one diversional therapist) were able to describe how care is based on the resident's individual values and beliefs.</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>	Not Applicable	<p>On admission all residents state their ethnicity. Advised that family members of Pasifika 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 organisation is working towards working collaboratively with Pasifika communities to provide guidance in the development of a Pasifika health plan.</p> <p>The service is actively recruiting new staff. The care home manager described how they would encourage and support any staff that identified as Pasifika through the employment process. There were three staff that identified as Fijian at the time of the audit.</p> <p>Interviews with seventeen staff (twelve care staff, one maintenance staff, one laundry staff, one housekeeper, one kitchen manager, one kitchen assistant), six residents (two rest home, four hospital) and three relatives (one dementia, two hospital) identified that the service puts people using the services, whānau, and communities at the heart of their services.</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-</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori.</p> <p>Details relating to the Code are included in the information that is provided to new residents and their family. The care home manager,</p>

<p>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>clinical manager or clinical support nurse discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control and choice over activities they participate in.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in February 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's</p>

		<p>right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>Te reo Māori is used during activities. Staff are encouraged to use te reo Māori and there are te reo Māori signs in a selection of locations throughout the facility.</p> <p>Te Tiriti o Waitangi and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & non-living things.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Golden View Lifestyle Village policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. House rules are discussed with staff during their induction to the service that addresses harassment, racism, and bullying.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds,</p>

		<p>such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan and cultural safety policies to ensure wellbeing outcomes for Māori residents. There were no Māori residents at the time of the audit.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback 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. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twenty accident/incident forms reviewed identified relatives are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice, and DHB specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in</p>

		regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Seven resident files reviewed, four at hospital level, one at rest home level and two dementia included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relative interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated 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) and activation letters were on resident files where required. The service is working on ensuring staff follow Māori customary practise.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, via an (electronic) complaints register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been two complaints lodged since the facility opened (4 August 2021). One external complaint received from HDC was dismissed. The two complaints reviewed included an investigation, follow-up, and evidence of communication with the complainant. Both complaints were documented as resolved.</p> <p>Discussions with residents and families confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they</p>

		<p>can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the diversional therapist with the care home manager present during a portion of the meeting.</p> <p>Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Rivercrest Cromwell Limited have two facilities, both in Cromwell. The Directors also own Ripponburn Home and Hospital and village which is under a different business name. Golden View Care, located in Cromwell, provides rest home, hospital, and dementia levels of care for up to 60 residents. The care centre is modern, spacious, and part of a wider retirement village. It opened on the 4 August 2021. On the day of the audit, there were 48 residents (6 rest home, 30 hospital and 12 dementia level of care residents). There were two hospital-level residents on ACC; one hospital level resident on a long-term support – chronic health contract (LTS-CHC); and one hospital-level resident on respite. The remaining residents were on the age-related residential care contract (ARRC). All 48 beds are certified as dual-purpose. There is one room in the facility that can be used for rest home/ hospital or dementia due to its location in the facility. The audit also verified the service as suitable to provide hospital- medical level care.</p> <p>Golden View Retirement Village is owned by Rivercrest Cromwell Ltd. There are five directors and one general manager, all of whom are shareholders. The board meets monthly. There is a documented five-year business management and strategic plan, which informs the quality improvement plan and includes the organisation’s vision, mission, and values. Key objectives are identified and regularly reviewed by the board at their monthly meetings, evidenced in the board meeting minutes. Membership of the clinical governance group will include Iwi representation. The service has been working on developing this relationship for some months.</p> <p>The general manager (board member), consultant, care home manager, and clinical manager were interviewed. The general manager has a background in management and is a board member.</p>

		<p>In addition to Golden View. The consultant is the manager of the sister facility in Cromwell. The clinical manager is an experienced RN manager in aged care. The management team are supported by a clinical support nurse and the care home manager/RN from the sister facility who has filled a role as consultant to Golden View Retirement Village. The management team are supported by the owners/directors.</p> <p>At the time of the audit, the board was seeking consultation with Māori to help identify and address barriers for Māori for equitable service delivery. Board members are also planning to attend specific cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Clinical governance is the responsibility of the RNs with evidence of regular meetings including multi-disciplinary meetings. Work is underway to ensure tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Golden View Lifestyle Village has established quality and risk management programmes. These systems include performance monitoring through internal audits and through the collection of clinical indicator data using an electronic system (Leecare).</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the new 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>Internal audits, satisfaction survey results and the collation of data are documented. Staff and quality meetings are scheduled but have taken place sporadically. Meeting minutes reviewed in 2022 failed to indicate discussions around quality data, for example, clinical indicator data (e.g. falls, infections, use of restraint, and other adverse event data), internal audit results, complaints received (if any), satisfaction survey results. Note: clinical indicator data is discussed when</p>

		<p>reviewing individual residents in the two-weekly multi-disciplinary team (MDT) meetings. Twenty-one quality improvement forms (QIFs) have been completed since the facility opened. Each QIF is evaluated and signed off when met.</p> <p>The 2022 resident and family satisfaction surveys have been completed using survey monkey with 33 responses. Results were very positive with 30 of 33 residents stating that they would recommend the facility to others.</p> <p>A health and safety system is in place. There are three health and safety representatives, including the maintenance officer, who have attended a two-day health and safety course. The maintenance officer was interviewed. Health and safety policies are implemented and monitored by the health and safety committee. Manufacturer safety data sheets are up-to-date. There are regular manual handling training sessions for staff with three staff identified as manual handling trainers. A staff noticeboard keeps staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include offering employees the employee assistance programme, grief, and loss workshops for staff (undertaken by hospice), offering staff free flu-vaccines and offering staff education on back health. The care home manager and clinical manager have completed the St John mental health first aid training.</p> <p>Work is underway to assess competency to ensure a high-quality service is provided for Māori. Work is also underway to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available three hours a week and is assisted by a physiotherapy assistant. Strategies implemented to reduce the frequency of falls include intentional</p>
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		<p>rounding and the regular toileting of residents who require assistance.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 20 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising). Incident and accident data is collated monthly and analysed using Leecare. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around a police investigation for a resident who absconded. The DHB was informed regarding a HDC complaint that was later dismissed. There was an outbreak at the time of the audit with public health authorities notified.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses, activities staff and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Agency is not available in the Cromwell community. Casual staff are available to help fill gaps in the roster. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p>

	<p>The care home manager and clinical manager are available Monday to Friday and are supported by a clinical support nurse who works Monday-Thursday. These three RNs share the on-call roster.</p> <p>Three RNs (or two RNs and one EN) are rostered on the morning shift with one person assigned specifically to the dementia wing. Two RNs (or one RN and one EN) are rostered on the afternoon shift and one RN is rostered on the night shift.</p> <p>Caregiver staffing is as follows:</p> <p>Dementia wing (12 residents): Morning shift: one long (eight hour) shift and one short shift (0700-1330); Afternoon shift: one long and one short shift (1630-2100); Night shift: one long shift caregiver.</p> <p>RH/Hospital wings: (six rest home level and 30 hospital level): Morning shift: four long shifts and three short shifts (0700-1330); afternoon shift: three long shifts and four short shifts (1500 – 2100); nights: two long shift caregivers.</p> <p>There is an annual education and training schedule being implemented. Topics are offered on multiple days. The education and training schedule lists all mandatory topics. Three staff attended mandatory cultural training on 30 March 2022 that included a competency questionnaire. Plans are in place for all staff to attend this training. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 30 caregivers, four have completed their level three qualification and four have completed their level four qualification. Five caregivers were RNs in their home country before immigrating to New Zealand. All 30 caregivers are rostered to work in the dementia unit. Three have completed their dementia qualification and 26 are enrolled.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. Competencies cover fire safety,</p>
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		<p>restraint minimisation, handwashing, personal protective equipment, and health and safety. RNs complete additional competencies (e.g. medication, nebuliser, wound management, blood sugar, neurological observations, male and female catheterisation, and venepuncture. A record of completion is maintained on an electronic spreadsheet.</p> <p>All ten RNs and three ENs are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the care home manager's office. Eight staff files reviewed (two caregivers, one housekeeper, one diversional therapist, two RNs, one EN, one maintenance) 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 all health professionals. All staff are scheduled for an annual performance appraisal. The facility has not been open for one year.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up</p>

		action taken are documented. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained electronically using Leecare. Electronic information is backed-up and individually password protected.</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 electronically and include the name and 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. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The care home manager, and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the</p>

		<p>community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. Golden View is implementing the health equity assessment tool. Management is developing strategies to eliminate inequities between Māori and non-Māori. The service has meaningful links with local Māori providers. The service has advised that they are currently working on increasing links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. There are a suite of comprehensive policies around clinical aspects of care including (but not limited to); a clinical management policy which has sections on pain, behaviour, diabetes, falls prevention, respiratory care guide, delirium, and dementia. Individual policies provide guidance on continence, elimination, skin care and pressure management, and wound management personal hygiene, and spiritual health.</p> <p>Seven resident files were reviewed: four hospital (one ARRC contract, one ACC contract, one respite and one LTS-CHC contract), one rest home (ARRC contract) and two dementia rest home (ARC contract). The clinical manager and registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in electronic progress notes. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. The residents on respite care had appropriate risk assessments and initial care plan completed. The ACC and LTS-CHC residents had an initial care plan and risk assessments completed, and long-term care plan completed. The respite resident had an initial care plan and risk assessments</p>

		<p>completed.</p> <p>There are clinical policies in place to guide clinical staff in best practice to support early identification of deteriorating health.</p> <p>A registered nurse completes an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, detailed pain, pressure injury, skin, continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed on the electronic system within the required timeframes. The care plan aligns with the service’s model of person-centred care. The care plans on the electronic resident management system were resident focused and individualised. However, not all long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The long-term care plans are updated to reflect short term needs and integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are removed from the long-term care plan when resolved. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident electronic file. Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans. The service ensures residents with disabilities and their whānau are not restricted in accessing information, care, and support that they need.</p> <p>Golden View has recently implemented a specific cultural assessment tool that assesses Māori residents’ strengths, goals and aspirations and aligns with their values and beliefs, this was sighted in two resident files. The RNs describe rolling this out for all residents. Staff described how the care they deliver is based on the four cornerstones of Māori health ‘Te Whare Tapa Whā. The service has recently introduced a new assessment tool “Toku Oranga Pai” (living my best life) to assist with ensuring care plans include the physical, spiritual,</p>
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		<p>family, and mental health of the residents. Golden View uses the flip chart provided by the West Coast DHB on tikanga best practise guidelines. For end-of-life care, the RNs use the Te Ara Whakapiri tool. There are no current residents who identify as Māori however staff have received training and a Māori health plan promotes involvement in care planning.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. Residents have the choice to remain with their own GP, however there is a nurse practitioner (NP) who provides regular medical services to residents. The NP visits once a week for four hours and is available after hours. A GP from a local medical practice visits once a week for one and a half hours. Both the GPs and the NP complete three-monthly reviews, admissions and see all residents of concern. The NP (interviewed) stated she is notified via phone, text, or email in a timely manner for any residents with health concerns including after hours. The NP is part of a practice of four practitioners and provides 24/7 after hours support for residents in their care. On call cover is also provided by two medical centres which rotate to provide emergency after hours service. There is an after-hours service at the local community hospital. All GP and NP notes are entered into the electronic system. The NP commented positively on the care the residents received.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for four hours a week supported by a physio assistant for 1.5 hrs a day. A podiatrist operates a weekly clinic at the facility, a hospice nurse visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through the local DHB.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP or NP visit or referral to nurse specialist consultants occurs. A care and hygiene internal audit completed in May 2022 was</p>
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		<p>evidenced.</p> <p>There were twenty residents (seventeen hospital and three dementia) with a total of 23 wounds including skin tears, grazes, and chronic skin lesions. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan and evaluations are documented. On interview the clinical coordinator advised the district nurse, NP and GP have input into chronic wound management however this is not currently required. There were no residents with pressure injuries on the day of audit. An electronic wound register is maintained. Registered nurses have attended wound management and care training in November 2021 as part of the RN planned training.</p> <p>Oral care management initiatives include consultation and monthly onsite visits from a mobile dental service. The care plans of resident files reviewed evidenced comprehensive and individualised planning for oral care.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, observations included vital signs, blood glucose levels, weight, turning schedules and fluid balance recordings, and all monitoring charts were implemented according to the care plan interventions.</p> <p>Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. The GP or NP has reviewed residents three monthly. Short term needs are assessed using the electronic assessment tools and the long-term care plan automatically updated to reflect the changes. Care plans are updated with assessments for short health changes and if resolved the RN evaluates the care plan to remove interventions if no longer required. Evaluations are documented at least six monthly</p>
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		<p>however did not always evidence progress towards meeting goals.</p> <p>Relatives are invited to attend GP reviews; if they are unable to attend, they are updated of any changes.</p> <p>Caregivers interviewed could describe a verbal and documented 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 maintained on the electronic programme. Caregivers carry a pager connected to the call bell system.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A team of five activities staff work across seven days. There is a qualified diversional therapist (DT) who works Monday to Thursday from 0800 to 1630 and four caregivers working as part of the activities team cover Friday to Sunday from 0815 to 1630.</p> <p>The overall programme has integrated activities that are appropriate for the cohort of residents. Residents receive a copy of the monthly planner which has the daily activities displayed and includes individual and group activities. The diversional therapist endeavours to include previous hobbies and interests to the planner. There are monthly themes for example, Matariki, Queens Birthday, Waitangi Day, Easter, and Christmas. The monthly planner includes but is not limited to walking, news & views, skittles, mini golf, tai chi, sing-along, art and craft, bingo, pet visit, word builder, van trip twice fortnightly, quoits, men's shed, reminiscing, one on one sessions, trivia, balloon tennis, scrabble, pampering session, discussion group, letter of the day, sit dancing, high tea, bean bag toss, exercises, and seasonal celebrations. The programme allows for flexibility and resident choice of activity. There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged and supported to maintain links to the community.</p> <p>Activities in the dementia unit are often spontaneous, depending on the resident's interests and the weather on the day. There is a focus on one on one as needs are identified. The activities programme is</p>

		<p>reflective of activities suited to the needs of dementia care residents. Residents were observed in the Ruru (dementia) wing to be socialising in smaller groups and interacting in a safe and meaningful manner. All residents in the Ruru wing have individualised 24-hour activity plans documented.</p> <p>At present there are no residents who have identified as Māori; however, the diversional therapist ensures they can provide activities to meet their needs. Golden View has implemented Toku Oranga Pai: Living my best life assessment tool which incorporates the Te Whare Tapa Whā as part of the electronic resident management programme.</p> <p>The needs of younger resident is accommodated. Younger residents are supported to follow individual interests including sports and hobbies. The activities staff document attendance in the electronic system daily and document in progress notes at least monthly or more often if applicable</p> <p>There are several lounges and seating areas throughout the facility. Kakapo wing (dual purpose) has a dedicated activities room which joins with the main lounge where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents enjoy attending the activities and enjoy contributing to the programme.</p> <p>The service receives feedback and suggestions for the programme through resident meetings. The residents and relatives interviewed were happy with the variety of activities provided.</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</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management. There is a current agreement with the pharmacy. Registered nurses and medication competent caregivers complete annual competencies and education. Regular and 'as required' medications are administered from prepacked blisters packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed</p>

<p>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>back to the supplying pharmacy (also available on call). There was one hospital resident self-medicating all medications. Medications were stored safely in the resident's room. Self-medication assessments had been completed for all residents self-medicating and are reviewed three-monthly by the GP.</p> <p>There are two medication rooms accessed from the nurses' stations in both the dual purpose and dementia areas. Each medication room includes two fridges (labs specimen and medication fridge). The dual-purpose medication room has three medication trolleys. The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening however, not all had been discarded as per manufacturer's instructions.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification. The allergy status was not always documented. The GP or NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system. The service is working towards providing appropriate support advice and treatment for Māori.</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</p>	<p>FA</p>	<p>A kitchen services manager oversees the food services. An external catering service has been contracted to provide approved menus and an online compliance management system. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by weekend cooks, cook assistants, morning, and afternoon kitchenhands. All food services staff have completed food</p>

<p>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>safety training. The four-week winter/summer menu is reviewed by a registered dietitian - last reviewed in May 2022. The kitchen receives resident dietary reports and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen is situated in a service area in close proximity to the dual-purpose wing dining room. Prepared food including special diets which are plated in the kitchen are transported in serving dishes to the servery areas in both areas and dished by front of house kitchen staff and caregivers. For those residents remaining in their rooms, meals are plated in the kitchen and covered and transported in hot boxes to each area. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. Families are encouraged and supported to provide cultural dishes where required or requested. These can be heated in the kitchen area by staff. There are snacks available including sandwiches and fruit platters 24/7. Specialised utensils are available for residents.</p> <p>Residents may choose to have meals in their rooms. The food control plan has been issued in August 2022. Daily temperature checks are recorded for inward goods, end-cooked foods, reheating (as required), serving temperatures, dishwasher rinse and wash temperatures. Freezer, fridge, and chiller temperatures were recorded electronically on the external caterers app and were all within expected ranges. All perishable foods and dry goods were date labelled. Dry goods are appropriately stored. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the resident meetings and to front of house kitchen staff. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents interviewed stated the food was nutritious and plentiful. One resident stated the food was fantastic and they enjoyed all meals.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the electronic</p>
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		resident management system and is graphed. The long-term care plan section for nutritional needs included a section on food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the seven resident files reviewed.
<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 the resident and family 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 residents and their families were involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. The clinical manager reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or kaupapa Māori agencies were 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>There is an approved fire evacuation scheme. The building holds a current certificate of public use which expires 1 December 2022.</p> <p>The maintenance person (also the health and safety representative) works fulltime across the care unit and is available on call 24/7. The maintenance man is a joiner by trade and has over ten years' experience managing maintenance in aged care facilities. All maintenance requests are logged through the electronic resident management system, checked daily, and signed off when repairs have been completed. Comprehensive reports of all maintenance requests are available. There is a weekly, monthly, six monthly and 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 and calibration of medical equipment, hoists and scales is scheduled</p>

		<p>annually and due in July and August (the facility has not yet been open for one year). Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care.</p> <p>A team of gardeners are employed by the village and assist with the maintenance of care unit gardens. The facility is modern, and purpose built with wide corridors which promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There are spacious lounges and alternative small lounge areas throughout Golden View. There are seating alcoves throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. Activities take place in dedicated activities areas and in adjoining lounge areas.</p> <p>There is one room designed as a hospice and respite care room with an attached whanau room. This bedroom has two doors to enter, and specific locks so can be used as part of the dementia unit or as part of the dual-purpose unit.</p> <p>The dementia unit provides a home-like therapeutic environment. The exit door from the unit has been wrapped in a floral pattern to take away the look of the door and minimise anxiety for residents. The unit is secure with safe access to the gardens with pathways. Outdoor spaces provide opportunity for walking and gardens are designed to provide for sensory stimulation.</p> <p>In the dual-purpose unit and dementia unit, all rooms have full ensuites. There are identified communal and visitor toilets within the facility with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>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</p>
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		<p>equipment. Resident rooms in the hospital are equipped with ceiling hoists with plans to add to others as required. There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>There are spacious dining areas in each of the two units. Each of the dining rooms has a modern satellite kitchen including a servery. Residents are encouraged to access fruit plates and sandwiches available at the servery in the dementia unit. The hot water tap in the servery has been designed to ensure the safety of the residents.</p> <p>There is underfloor heating throughout with heat pumps in all communal areas. Individual resident rooms are all fitted with heat pumps which can be individually adjusted. The facility manager stated they were open to seeking Māori input to ensure reflection of the aspirations and identity of Māori. A kaumātua blessed the initial opening of the care home in 2021.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in 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. 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, a diesel generator and gas cooking are available. There are adequate supplies in the event of a civil defence emergency including 8x 300 litre tanks of water. Emergency management is included in staff orientation and external contractor orientation. A minimum of one</p>

		<p>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. Sensor lights are available in resident rooms to assist residents in finding their way to the toilet and are timed to alert staff. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are security cameras installed, both indoors and outside.</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>A registered nurse and the clinical manager jointly oversee the 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 electronic quality risk and incident reporting system. The infection control programme is reviewed annually. Infection control audits are conducted and a recent audit in May 2022 evidenced 89% compliance. Corrective actions were implemented and signed off when completed. On interview the clinical manager confirmed infection matters are raised at the quarterly infection control committee meetings. Infection rates are presented at staff meetings and discussed at quality meetings and at board meetings. Infection control data is reviewed and benchmarked with the services sister facilities. Infection control is part of the strategic and quality plans. The general manager receives reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and antimicrobial stewardship (AMS) on a monthly basis including any significant infection events.</p> <p>The service has access to an infection prevention nurse specialist from the DHB.</p> <p>Visiting hours are currently controlled. Visitors are asked not to visit if</p>

		<p>unwell. Covid-19 screening, and health declarations continue for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. There were no residents with Covid-19 infections on the days of audit.</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 coordinators have been in the role since the facility opened in August 2021. Throughout the last year there were regular zoom meetings with the DHB which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinators have completed online infection training and there is further education planned. There is good external support from the GPs, the NP, laboratory, nurse specialist from the DHB and bug control. There are outbreak kits and personal protective equipment readily available. There are supplies of extra personal protective equipment (PPE) equipment as required.</p> <p>The service has an infection control manual from bug control. There is a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the clinical manager in consultation with the consultant and infection control coordinator. Policies have been uploaded to allow staff access from the electronic resident management system.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use including access to an autoclave at the nearby sister facility. The service is developing infection control policies to acknowledge the importance of te reo information around</p>

		<p>infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Management is considering options to include Māori participation and consultation in infection prevention to promote culturally safe practice. Infection control policies and practices include laundry and cleaning processes. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. The infection control coordinators and the quality consultant have input into the purchase of equipment and consumables.</p> <p>The consultant advised there was clinical input from an infection control perspective provided when the new build commenced and throughout the process. A chemical provider monitors the effectiveness of chemicals. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule.</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 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</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</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 anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical focus group. Prophylactic use of antibiotics is not</p>

<p>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>		<p>considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the services infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, staff meetings and board meetings. The service is planning to incorporate ethnicity data into surveillance methods and data captured around infections. Meeting minutes and graphs are displayed for staff. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from the local DHB for any community concerns. The service is working on systems to ensure ethnicity data is included in the surveillance of infections.</p> <p>There had been no outbreaks since opening however, on the day of audit a gastro outbreak was identified, and the facility implemented lockdown procedures. Families were informed of the restricted visiting by phone and email.</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</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. There are three cleaners on each day. Cleaning trolleys are lockable for safe storage of chemicals. The cleaning trolleys are stored in the locked cleaning cupboard while not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each</p>

<p>safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>area and the sluice room has a sanitiser and a sink. Full face masks are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site. The laundry has a dirty room where laundry is taken in bags to be picked up. The laundry is operational seven days a week. The laundry assistant is responsible for unpacking the clean laundry and putting linen into linen cupboards and personal laundry into baskets before returning this to residents' rooms. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry assistant and cleaner interviewed were knowledgeable regarding their responsibilities and could describe changing to their practices to include changes around Covid-19.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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, the facility was restraint-free.</p> <p>The facility, led by the care home manager, is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the quality and staff meetings. The clinical support nurse, the designated restraint coordinator, was interviewed and described the facility's focus on maintaining a restraint-free environment.</p> <p>Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	A quality and risk management system is established with input and leadership provided by the care home manager and clinical manager. Missing is evidence in staff and quality meeting minutes in regard to providing staff with quality data and discussions relating to this data.	Staff and quality meeting minutes fail to reflect discussions relating to quality data (e.g. clinical indicator results, internal audit results, corrective action plans being implemented, complaints received [if any]).	<p>Ensure meeting minutes reflect input and discussions in relation to quality data.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p>	PA Moderate	The registered nurses document care plans. There was evidence of six-monthly evaluations, however, residents achievement towards meeting goals was not always evident in care plan evaluations reviewed. Short term care plans were in use for short term needs, these have been reviewed and resolved in a timely manner.	Four of four residents who required care plan evaluations did not record the resident’s achievement towards meeting goals.	<p>Ensure care plan evaluations document progress towards meeting goals.</p> <p>90 days</p>

<p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>All medications are safely stored in secure medication rooms. All eye drops, ointments and creams in current use evidenced opening dates however not all eyedrops had been discarded once dates expired.</p>	<p>Three of eight eyedrops in use evidenced dates which were past recommended expiry dates.</p>	<p>Ensure eyedrops are discarded as per manufacturer's instructions.</p> <p>60 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond</p>	<p>PA Moderate</p>	<p>Medication errors are recorded on adverse event forms and reported in meeting minutes. Nine of twelve medication charts reviewed recorded the allergies and sensitives or nil known. These were corrected on the second day of the audit.</p>	<p>Three of twelve medication charts reviewed did not have allergies or nil known recorded.</p>	<p>Ensure all medication charts reflect the resident's allergy status.</p> <p>60 days</p>

appropriately to adverse events.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.