

Pembrey Investments Limited - Brooklands Retirement Village

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: Pembrey Investments Limited

Premises audited: Brooklands Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 June 2022 End date: 10 June 2022

Proposed changes to current services (if any): Reduction from 40 beds to 36 beds which reflects a board decision to use double rooms as single occupancy only

Total beds occupied across all premises included in the audit on the first day of the audit: 36

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
Yellow	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
Red	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

Brooklands Rest Home is part of Brooklands Retirement Village and is a private family-owned business. The facility is governed by a board of trustees and is managed by a facility manager. The service provides rest home level care for up to 36 residents with 31 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service 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 general practitioner.

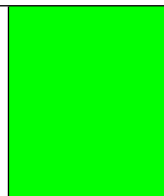
The facility manager has been in the role for six years and is supported by a clinical nurse manager (registered nurse). The service is implementing quality systems and processes. Feedback from residents and family was very positive about the care and the services provided.

This certification audit identified the service is meeting the intent of the Ngā Paerewa Health and Disability Service Standards 2021.

The service has been awarded a continuous improvement for a reduction in urinary tract infections.

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.

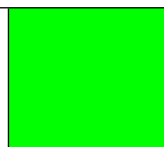


Subsections applicable to this service fully attained

Brooklands Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan, and the service is working towards consolidating links with local iwi. Residents receive services in a manner that considers their dignity, privacy, and independence. Brooklands Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained

The business plan includes a mission statement, business objectives and values. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all 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

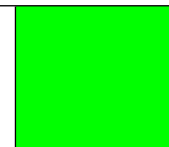
Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained
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There is an admission package available prior to or on entry to the service. The facility manager, clinical nurse manager and registered nurse are responsible for each stage of service provision. The clinical nurse manager and registered nurse assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The diversional therapist provides and implements an interesting and varied activity programme which includes 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.

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.

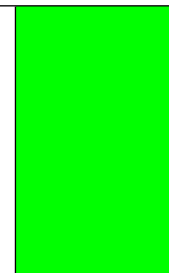


Subsections applicable to this service fully attained

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a range of rooms with 23 having full ensuites, four with shared ensuites and nine without ensuites. The nine rooms without ensuites have hand basins. There are communal shower rooms with privacy locks. Rooms are personalised. 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.

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. 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. Outbreaks have been appropriately managed. 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.

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
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The restraint coordinator is the clinical nurse manager. There are no restraints used at Brooklands Retirement Village. 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	26	0	0	0	0	0
Criteria	1	139	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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 policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and recognise mana motuhake. The aim is to co-design health services using a collaborative and partnership model with Māori. The service currently has residents who identify as Māori. The resident’s whānau are active in representing Māori in the community and supports their family member. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were no Māori staff members. The service currently has no formal linkages with local iwi or Māori providers, work is underway to establish these relationships.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Nine staff interviewed (four healthcare assistants, one diversional therapy, one cook, one registered nurse (RN) one cleaner and one laundry) described how services provided are based on the resident’s individual values and beliefs in relation to their role. Interview with a</p>

		resident who identifies as Māori confirmed staff are genuinely interested in providing cares in a way that meets cultural beliefs and tikanga.
<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>The existing Pacific health plan is currently linked to the Māori health plan and does not adequately address the needs of residents who identify as Pasifika. The service is implementing policies and procedures sourced from an external consultant. The external consultant advised that they are seeking expertise from a Pasifika organisation to assist with the development a separate pacific health plan.</p> <p>On admission, all residents state their ethnicity and individual values, beliefs, and cultural preferences. These are documented in the care residents care plan and activities care plan. Ethnicity information and Pacific people's individual cultural beliefs and practices that may affect the way in which care is delivered is documented. The RN advised that family members of Pacific residents would be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika during the audit.</p> <p>The manager confirmed the service had employees who identify as Pasifika and continues to provide equitable employment and training opportunities for the Pasifika community for all vacant positions including management roles.</p> <p>Interviews with staff, three residents, three relatives, and documentation reviewed 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>Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager or registered nurse discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is</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>displayed at reception in English and te reo Māori.</p> <p>Discussions relating to the Code have been held during resident/family. Resident meetings are held two-monthly. The residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. The service is working on ensuring that the service recognises Māori mana motuhake. The diversional therapist actively promotes the use of te reo and tikanga</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 weekly.</p> <p>Staff have received education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>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. Residents interviewed stated they are supported to be independent and encouraged to make choices over daily activities they participate in. It was observed that residents are treated with dignity and respect.</p> <p>The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Satisfaction surveys completed in 2021 confirm that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>Brooklands is planning to promote te reo and working towards ensuring staff adhere to the principles of Te Tiriti o Waitangi. Cultural</p>

		training was last provided for staff in April 2022.
<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>	FA	<p>An abuse and neglect policy is being implemented. Brooklands Retirement 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. The service is working towards developing a strengths-based and holistic model to ensure well-being outcomes for their Māori residents.</p> <p>Staff have completed education on how to identify abuse and neglect. This is scheduled again for July 2022. Staff are aware of how to value the older person by 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, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the clinical nurse manager (registered nurse) and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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</p>	FA	<p>Information is provided to residents/relatives on admission. Two-monthly resident meetings are usually chaired by an independent resident advocate however, due to covid restrictions the diversional therapist has chaired the meetings during 2022. On interview residents confirmed communication is maintained at informal discussions at mealtimes and during activities.</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. This is also</p>

<p>them about their choices.</p>		<p>documented in the resident's progress notes held in the resident's electronic file. Twelve accident/incident forms reviewed identified relatives are kept informed. The relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and 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, district nurses (wound care specialist) and DHB specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in 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>
<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</p>	<p>FA</p>	<p>There are policies around informed consent. Six resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives 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 residents and 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 towards a process to apply the appropriate best practice tikanga guidelines in</p>

to exercise independence, choice, and control.		relation to consent.
<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 all residents and relatives on entry to the service. The facility manager has access to a register for logging records of all complaints, both verbal and written.</p> <p>There were four complaints logged in the complaint register year to date since the surveillance audit in September 2020. All four complaints were reviewed and identified follow through of actions and reporting. There were no external complaints.</p> <p>The complaints management procedure includes complaints to be documented in the register included an investigation, follow up, and replies to the complainant. Advised by the facility manager and confirmed in staff meeting minutes that staff and the board are informed of complaints (and any subsequent corrective actions) via staff meetings and board meetings.</p> <p>Discussions with residents and relatives 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 can choose from to make a complaint or express a concern. Resident meetings are held two-monthly. Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes information on the advocacy service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational</p>	FA	<p>Brooklands Rest Home is part of Brooklands Retirement Village. Brooklands is privately owned with a managing director and a facility manager (RN) providing oversight of the service. The board consists of four family members. The board are exploring ways to ensure tāngata whaikaha have meaningful representation to support solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The Board are seeking expertise from a suitably qualified or experienced cultural advisor to assist in identifying and reporting on any barriers to equitable service to the board to ensure these can be addressed. Policies have been developed by an external provider with</p>

<p>operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>input from Maori representation. The board members and senior management are planning to attend cultural training courses.</p> <p>The service provides care for up to 36 residents at rest home level care. On the day of the audit, there were 31 residents with all residents on age-related residential care (ARRC) contracts. There were no residents on respite care. Since the previous audit, the service has decreased capacity from 40 rooms to 36. The decision was made at board level to use double rooms as single occupancy only. The facility manager shares the on-call component with the registered nurses.</p> <p>The facility manager has been in the role for six years and is supported by two registered nurses. One registered nurse is employed Monday to Friday in the clinical nurse manager role and has been employed at the facility since 2008 and the other has recently commenced employment. The facility manager (registered nurse) has completed eight hours of professional development related to managing a rest home, having attended a manager's training day in November 2021. The facility manager is qualified and experienced in health and safety and human resource management.</p> <p>There is a 2021 -2023 business, quality and risk plan developed which aligns with purpose, mission, and values of the business. There was evidence of the annual review of the business plan. The business plan and quality and risk management plans are being implemented. The facility manager reports weekly to the board on a variety of management issues and quarterly key performance indicator (KPI) performance. Business goals are reviewed at quarterly board meeting as evidenced in board meeting minutes reviewed and the chair of the board (interviewed) advised that strategic plan review is currently underway. The board chair (interviewed) also advised that the facility manager communicates well with the board, staff, and residents.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>Brooklands Rest Home is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The</p>

<p>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>service is actively seeking input from a cultural advisor who will ensure that the service operates in a way which promotes health equity for Māori. Quality goals for 2021 included implementing advance care planning for all residents, promoting, and increasing outdoor activity and increasing availability of resident outings. Achievement towards the goals was documented and discussed at staff meetings. Goals for 2022 have been established. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Two-monthly joint quality and full staff meetings and two-monthly health and safety and infection control meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education are discussed. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. All internal audits were completed as scheduled. Quality data and trends in data are posted on the noticeboard in the nurse's station. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2021 resident and family satisfaction surveys involving a small number of respondents was completed in November and December. The results were collated, and residents and families notified of the results. Results evidence that both residents and family have reported satisfaction with the service provided.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the NZS 8134:2021 standards. New policies or changes to policy are</p>
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		<p>communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The facility manager is the health and safety representative and has undergone external training. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard in the nurse's station keeps staff informed on health and safety. The facility manager reported that there have been no staff accidents since the previous audit. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available if required. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance.</p> <p>Individual electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager.</p> <p>Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been one section 31 notifications completed to notify HealthCERT around issues relating to resident aggression towards staff. There have been three outbreaks since the previous audit which were managed and</p>
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		<p>reported appropriately.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The facility manager, clinical nurse manager, on call registered nurses and over 75% of healthcare assistants hold current first aid certificates. There is a first aid trained staff on duty 24/7.</p> <p>The manager reported there has been an increase in staff turnover since the previous audit. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The clinical nurse manager provides on call cover for the facility manager when she is not available. A part time nurse is employed for three days a week. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff confirmed shifts were always covered in times of sickness or unplanned leave.</p> <p>The facility manager and clinical nurse manager are available Monday to Friday. The facility manager is on call Monday to Friday and the CNM and RN rotate to provide on call cover for the weekends.</p> <p>Brooklands Rest Home has 31 rest home level residents: Three healthcare assistants cover the morning shift (two 0700-1500 and one 0700-1300), and three healthcare assistants cover the PM shift (two 1445 to 2315 and one 1630 to 2030) and there are either two or three healthcare assistants on the night shift (2300 to 0700). Other staff include a daily cook from 8am to 4pm, a cleaner from 8am to 1pm and activities staff Monday to Friday. There is an annual education and training schedule implemented. The education and training schedule includes all mandatory topics. Staff have recently had cultural training however, there are plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. External training opportunities for care staff and registered nurses</p>

		<p>include training through the DHB and hospice. The facility is reviewing planned training schedules to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 19 healthcare assistants, nine staff have level one qualification, one staff has completed their level two qualification, four staff have completed their level three qualification and five have completed their level four qualification. Work is underway to ensure that the service provides training, so staff are equipped to identify health inequities.</p> <p>A competent care provision policy is being implemented. Competencies including but not limited to medication, restraint, hand hygiene, donning and doffing of personal protective equipment and manual handling are completed by staff annually.</p> <p>The FM and CNM are interRAI trained. The newly employed RN has almost completed her interRAI training.</p> <p>The service encourages all their staff to attend two-monthly meetings (e.g. joint staff and quality meetings). Staff interviewed commented on the positive team environment and stated management have an open door</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</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office in a locked filing cabinet. Six staff files reviewed (one clinical nurse manager, two healthcare assistants, one cook, the diversional therapist, and a housekeeper) evidenced implementation of the recruitment process, employment contracts, and police checking. There is an appraisal policy. All staff who have been employed for over one year evidenced completed annual appraisals.</p>

<p>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>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Plans are in place to collate and report on staff ethnicity data.</p> <p>A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment to Māori. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is available.</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 action taken are documented. Wellbeing support is provided to staff. Staff wellbeing is recognised through social events that are held outside of work and acknowledging staff contributions and commitment during the Covid pandemic.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mix of paper based and electronic files. The service is in the process of transferring all resident information, documentation, and data to an electronic format. Electronic information (e.g. policies and procedures, incident, and accidents) are backed-up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>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>	<p>FA</p>	<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. Six 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 facility manager or clinical manager are available to answer any questions regarding 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. The potential residents would be referred back to the needs assessment coordinators. The service collects ethnicity information at the time of admission from individual residents and is planning to implement systems for collating specific data around entry and decline rates for Māori.</p> <p>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>FA</p>	<p>Six rest home resident files were reviewed. The clinical nurse manager and registered nurse are responsible for conducting all</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>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 progress notes. All residents have admission assessment information collected and an interim care plan completed at the time of admission.</p> <p>InterRAI assessments have been completed for all residents within the required timeframes or prior to the completion of the long-term care plan. Evaluations are scheduled to be completed six-monthly, and care plans reviewed had been evaluated within the required six-month timeframe.</p> <p>Long-term care plans have been completed within 21 days of admission to the service or updated following changes in health condition and identified needs. The long-term care plan includes mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has not yet been implemented.</p> <p>Care plans demonstrate active involvement with residents receiving services and their whānau. Emphasis is on ensuring that needs and risk assessments are an ongoing process and that any changes are documented. Further to this the provision of service will be consistent with, and contributes to, meeting the person's and their whānau's assessed needs, goals, and aspirations. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy. Residents' and their whānau receives services that remove stigma and promote acceptance and inclusion.</p> <p>Staff strive to provide services where tāngata whaikaha have choice and control over their supports. Barriers that may prevent tāngata whaikaha and whānau from independently accessing information are</p>
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		<p>removed.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. There are four general practitioners (GPs) who visit as required from the local medical centre. On-call cover is provided by the individual GPs. The clinical nurse manager and registered nurse share on-call afterhours for phone support and advice when needed. One of the GPs (interviewed) commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a physiotherapy and dietitian are available as required. The Southern District Health Board wound care specialist and nurse practitioner for mental health support for older people are available as required.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by healthcare assistants and registered nurses. The clinical nurse manager and registered nurse add to the progress notes weekly if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical nurse manager or registered nurse initiates a review with a general practitioner. Family was notified of all changes to health including infections, accident/incidents, general practitioner visits and medication changes. There were no residents with pressure injuries on the day of audit. A wound register is maintained with the current wounds recorded – these included a bruise and a skin tear. A wound assessment wound management plan, and written evaluations were in place for the skin tear. A short-term care plan was implemented.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access</p>
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		<p>to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels and toileting regimes, are completed by the healthcare assistants, registered nurse, and clinical nurse manager. Neurological observations are completed for unwitnessed falls.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The general practitioners record their medical notes on both paper and the electronic medication management system. Paper notes are scanned into the electronic 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>There is one diversional therapist who works five days per week, 20-30 hours per week. The overall programme has integrated activities that is appropriate for the cohort of residents. The activities are displayed on a weekly programme and includes exercises, chair yoga, word games, board games, activities of resident's choice, knitting and craft, church services, van outings, housie, quizzes, and seasonal celebrations. The activities coordinator endeavours to include te reo Māori language in day-to-day activities including greeting residents who identify as Māori with "Morena". The diversional therapist allows for flexibility and resident choice of activity. Many activities are resident led. There are plenty of resources. Community visitors include entertainers, and church services when COVID restrictions allow. Residents are encouraged to maintain links to the community.</p> <p>There are several lounges and seating areas 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 interviewed stated enjoy attending the activities and enjoy contributing to the programme.</p> <p>A resident social profile and activity assessment informs the activities</p>

		<p>plan. Individual activities plans were seen in resident file reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The 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 access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room. The registered nurse, clinical nurse manager and senior health care assistants complete annual medication competencies and education. Regular medications and 'as required' medications are delivered in blister packs. The clinical nurse manager or RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were no residents self-medicating assessments at the time of audit.</p> <p>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. Eleven electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The general practitioner 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. Residents interviewed stated they receive 'as required' medication in a timely manner.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications including Rongoa Māori 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 beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a head cook. All meals and baking are prepared and cooked on-site by qualified cooks who cover the seven days. The afternoon meals are heated and served by healthcare assistants. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered dietitian – last conducted 2021. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service is working towards how they can incorporate Māori residents’ cultural values and beliefs into menu development and food service provision. The menu provides modified diets if required. The service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room in the care centre. Food in bain-marie dishes is delivered in hot boxes to the serviced apartment kitchen and served to residents in the dining room.</p> <p>Residents may choose to have meals in their rooms. The food control plan has been issued in February 2022 for 12 months. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. There is no decanting of dry goods. 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 monthly resident meetings which is attended by the cook when required. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the medication management system and is graphed. The long-term care plan section for nutritional needs included a section on the international dysphasia diet standardisation initiative (IDDSI) level of food and fluid texture requirements and any swallowing difficulties are recorded on the care</p>
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		plan. These sections were completed in the six 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/ whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/ whānau were involved for all exits or discharges to and from the service.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires 20 December 2022. The maintenance person works 20 hours a week (across Monday to Friday). There is a maintenance request book for repair and maintenance requests located in the nurse's station. This is checked daily and signed off when repairs have been completed. There is a 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 has been completed. The facility manager advised medical equipment, and scales are due for checking and this has been booked with a contractor for completion. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>Gardeners are contracted to maintain gardens and grounds. Resident rooms are being refurbished over the past four years. The corridors are sufficient to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility</p>

		<p>aids where required.</p> <p>Twenty-three rooms have full ensuites with nine having shared ensuites, the remaining four have hand basins. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. 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. All rooms are single occupancy, and residents are encouraged to personalise their bedrooms as viewed on the day of audit. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants interviewed reported that there is adequate space to provide care to residents.</p> <p>The main dining room is adjacent to the kitchen and open plan with doors that open out to a garden with outdoor seating and shade. There is an open plan dining and lounge area. There is safe access to the outside areas and gardens. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in communal areas. In bedrooms there are permanently wired panel heaters which can be individually adjusted. The service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction.</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</p>	<p>FA</p>	<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</p>

<p>event.</p>		<p>and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available including a generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation, and as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. 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. Under Covid restrictions visiting is restricted. Visitors make appointments in order to visit.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical nurse manager oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention plan is developed by an external consultant and collated data is reviewed against this. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Brooklands infection control programme is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted twice a year. Infection rates are presented and discussed at quality meetings. Infection control is part of the strategic and quality plans. Quality infection data is discussed with board representatives as confirmed on interview with a board member.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local DHB.</p>

		<p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. 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. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. 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 (IC) coordinator has been in the role for fourteen years and is supported by the facility manager. During Covid-19 lockdown there were regular zoom meetings with the DHB Age Residential Care CNS which provided a forum for discussion and support for facilities. 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 should this occur. The infection control coordinator has completed an online MOH course and there is good external support from the GPs, laboratory, and the IC nurse specialist at the DHB. There are outbreak kits readily available and a personal protective equipment cupboard. The clinical nurse manager provides input from an infection prevention perspective on the purchase of equipment and consumables.</p> <p>The infection control manual outlines 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 external contractor with input from infection control specialists. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and</p>

		<p>control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control via care-on-call education. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and newsletters. The service is not planning significant changes to the existing building or new building however if they were, management advised they would seek clinical input from an infection control perspective.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Prescribing patterns of medical practitioners who access the facility are also monitored. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not 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 Brooklands Village policies and procedures. Monthly infection data is collected for infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections including identification of organisms is entered onto a monthly infection summary. Infection surveillance is collated monthly by the clinical nurse manager. This information is discussed at staff meetings and reported to the board. The service receives email notifications and alerts from the DHB for any community concerns.</p> <p>There have been two gastro and one skin infection outbreak in the past 12 months. All outbreaks were documented appropriately, well managed and reported within acceptable timeframes. Ethnicity data is</p>

		not currently included in surveillance monitoring; however the service is planning to include this in collection data and analyse data. The service has been successful in reducing the number of urinary tract infections (UTI).
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub located within the laundry with personal protective equipment available including a face visor available. On the day of audit staff were observed to be wearing appropriate PPE including a face visor while disposing of waste. There is a process implemented for the cleaning of reusable PPE such as the face visor. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on-site by a dedicated laundry person 0930 – 1400, across seven days a week. The laundry has a defined clean/dirty area with two door entry/exit. The washing machines and dryers are checked and serviced regularly. There are two cleaning staff on each day for the households and the serviced apartments. The cleaners' trolleys were attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The two linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	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

<p>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>considered, the RN reported they would 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>Brooklands Rest Home, led by the facility manager, is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the two-monthly staff and quality meetings. The clinical nurse manager/restraint coordinator interviewed described the 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>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>Surveillance is completed monthly for all infections that meet standard definitions. Surveillance data is made available for all staff and discussed at facility meetings. The service has been successful in reducing the number of urinary tract infections.</p>	<p>The service identified an opportunity around reducing urinary tract infections (UTI) rates when analysing the 2020 infection data. At the end of 2020, the facility had treated a total of 13 urinary tract infections. An action plan included additional fluid rounds, provision of ice blocks and lemonade to encourage increased fluid intake, a focus on identifying residents prone to UTI's and ensuring regular toileting, reminders at handovers regarding resident hydration and ongoing education around hand hygiene/personal cares and continence management.</p> <p>At the end of 2021, Brooklands reported a total of eight urinary tract infections for the year. The service has been successful in reducing UTIs in the rest home by 38 percent. This has reduced the need for antibiotics, reduced potential delirium and related falls.</p>

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End of the report.