

Nazareth Care Charitable Trust Board - Nazareth House

Introduction

This report records the results of a Surveillance 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:	Nazareth Care Charitable Trust Board	
Premises audited:	Nazareth House	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 5 May 2022	End date: 6 May 2022
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	71	



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

Nazareth House is a modern spacious purpose-built facility in Christchurch. The service is certified to provide rest home and hospital (medical and geriatric) level care for up to 80 residents. On the days of audit there were 71 residents.

Nazareth House is operated by the Sisters of Nazareth as part of its Australasian operation. The Christchurch site is the only service based in New Zealand. The executive team is based in Australia and have operated in the aged care environment for more than 30 years.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability services standards and the services contract with the Canterbury District Health Board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The general manager/facility manager is a registered nurse and is experienced in management roles. She is supported by a management team based in Australia, two unit-clinical managers, a quality and education coordinator, and an experienced administrator.

Residents and relatives interviewed were complimentary of the service and care.

The service has addressed the previous certification audit findings relating to organisation documentation and orientation.

This surveillance audit has not identified any shortfalls.

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.

Nazareth House provides an environment that supports resident rights and cultural safe care. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. Residents are involved in providing input into their care planning, their activities, and their dietary needs and services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicate with them about their choices. Staff receive comprehensive training on Māori health and awareness at orientation. A Māori Health Plan is in place.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.

Nazareth Care Australasia is the organisation's governing body responsible for the service provided at this facility. Nine trustees make up the board which includes laypersons and two board members appointed from New Zealand. The general manager reports to the Australian-based chief executive officer (CEO). Strategic and business plans are documented and supported by quality and risk management processes. Systems are in place for monitoring the services provided, including regular monthly reporting to the general manager, who in turn, reports to the chief executive and governing body. The business and strategic plan outlines current objectives. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Registered nursing cover is provided 24 hours a day, seven days a week.

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.

The service promotes equity of access to their facility through a well-documented entry and decline process. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The electronic care plans demonstrate service integration; there is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. The organisation uses an electronic resident management system. Resident files are electronic and included medical notes by the general practitioner, and allied health professionals.

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

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified at admission. The dining rooms are spacious and meet the needs of each resident group. The menu has been reviewed by a dietitian and meets the required nutritional values.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building has a current warrant of fitness which expires on 3 November 2022 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up to date resident list for evacuation purposes.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinators are the unit clinical managers. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources including the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

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

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.

Nazareth House strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

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	18	0	0	0	0	0
Criteria	0	42	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	<p>Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service does not currently have any residents who identify as Māori at the facility. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Staff receive training on Māori health and awareness and complete a questionnaire during orientation. Four caregivers interviewed described practises which support the health and wellbeing of Māori residents and their whānau. The quality and education coordinator has introduced education on the use of Te Ara Whakapiri for end-of-life care.</p> <p>The board and senior management team is committed to supporting the Māori health strategies by reviewing policies and procedures to identify and analyse variances in Māori health (i.e. infection control and adverse events). The GM reported actively seeking the services of a Māori advisor. The service supports increasing Māori capacity by employing more Māori staff members. A current recruitment advertisement includes English and te reo Māori. There are two staff</p>

		<p>currently employed who identify as Māori.</p> <p>Caregivers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and this data is analysed at a governance level.</p>
<p>Subsection 1.2: Ola manua 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 aim of Nazareth House is to co-design health services utilising both Māori and Pacific peoples through collaboration and partnership models. There is one current resident who identifies as Pasifika. The organisation actively recruits suitably qualified Pacific Island staff. At the time of the audit, there were four Pacific Island staff employed. Four of the sisters who provide daily support to staff and residents are Pacific Islanders. Cultural training for staff does not include specific training in relation to Pacific Peoples.</p> <p>The service and organisation are working on establishing links with Pacific organisations to assist in the implementation of their Pacific Health Plan. Staff undergo cultural training which will be reviewed to include training in relation to Pacific Peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	Not Applicable	<p>The Code of rights is displayed in English and te reo Māori. Discussions with fifteen staff, (four caregivers who work morning and afternoon shifts, two unit-clinical managers, five registered nurses (RNs), one lifestyle and wellbeing coordinator, one catering manager, one property and maintenance manager and housekeeper team leader) confirmed their understanding of Māori indigenous rights.</p> <p>Māori health and awareness policy and procedures are documented and staff complete comprehensive training on Māori health awareness at orientation. Plans are underway to ensure that the service recognises Māori mana motuhake. The aim of Nazareth House is to co-design health services utilising both Māori and Pacific peoples through collaboration and partnership models.</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</p>	FA	<p>All staff receive training in Māori health awareness during orientation. Te Tiriti o Waitangi in-service was completed in November 2020 for all staff. Training also covered Tikanga practices. The service is</p>

<p>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>planning to develop cultural competencies for all staff.</p> <p>There were no residents living at Nazareth House who identified as Māori on the day of audit.</p> <p>Residents interviewed confirmed they are being treated with dignity and respect with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (e.g. Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The company policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff are encouraged to address the issue, however, if they are not comfortable, they are supported by management to do so. External support for staff is available through a contracted service. The aim of this policy is to ensure that Nazareth House complies with the provision of the Human Rights Act 1993 and treats everyone in a manner that respects their right to individual choice. The policy states that no person will be subjected to exclusion, ridicule or be prejudiced as a result of their race or ethnic background, skin colour, sexual orientation, disability, gender, age, or religion. This policy is reinforced in the 'house rules' document that all staff are required to read and sign as part of the employment process. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete education on orientation and annually on how to identify abuse and neglect as per the training plan. Staff are educated on how to value the older person showing them respect and dignity. Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents. All residents and families interviewed confirmed that the staff are very</p>

		caring, supportive, and respectful.
<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>The service follows relevant best practice tikanga guidelines. The service has a policy on Māori cultural principles. The registered nurses have a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting.</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 families during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. A secure complaints box is located adjacent to reception. Residents/relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. Four complaints were lodged in 2021 and none have been lodged for 2022 (year-to-date). One complaint was lodged with the Health and Disability Commissioner (HDC) on 5 June 2020 and remains open. The service has complied with requests for information within required timeframes.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with</p>

		<p>guidelines set by the Health and Disability Commissioner. All complaints except the HDC are documented as resolved. No trends have been identified.</p> <p>Discussions with five residents (three rest home, two hospital) and two families/whānau (one rest home, one hospital) confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p>
Subsection 2.1: Governance	FA	<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> <p>Nazareth Care Australasia is the governing body of Nazareth Community of Care through the Nazareth Care Charitable Trust. Trustees include the Sisters of Nazareth who established the Christchurch facility in 1905. Nazareth House was rebuilt following the Canterbury earthquakes. The facility is a two-level modern and spacious facility including 80 dual purpose (hospital and rest home) rooms. On the day of audit there were 71 residents: 37 rest home residents and 34 hospital residents including one respite resident, two end of life residents and one on an ACC contract.</p> <p>The service is managed by a general manager (GM) who holds relevant nursing qualifications with experience in a variety of nursing and management roles. The GM has a postgraduate degree in management. She has been in the role for 11 months and is suitably skilled and experienced for the role. Responsibilities and accountabilities are clearly defined. The GM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. She maintains currency through her professional networks including Canterbury District Health Board (CDHB), the New Zealand Aged Care Association and support from Nazareth Care Australasia. The GM is supported by the two unit-managers, and a quality and education coordinator for the day-to-day operation.</p> <p>Strategic and business planning is undertaken by the board for the wider organisation. Plans sighted outlined the scope, direction and goals of the organisation which incorporates the values of the Sisters of Nazareth (love, compassion, patience, justice, respect, and</p>

		<p>hospitality). Documentation has been updated to be New Zealand specific and is in the process of further amendment to reflect the requirements of the 2021 Health and Disability standards. The governance body is also committed to supporting the Māori health strategies including implementation of an electronic system to assist with identification and analyse variances in Māori health (i.e. infection control and adverse events). The senior management team are actively seeking input at both board and management level to integrate the Whakamaua Māori Health Action Plan into governance including business planning, quality and risk management, clinical Meihana Model to improve Māori health through clinical assessment and organisational policy and procedures. The management level are working towards ensuring that tāngata whaikaha have meaningful representation in order to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Currently residents with a disability provide feedback through surveys and resident meetings. Plans are in place for the owner and facility manager to attend cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The GM has open communication by phone, email and zoom calls with the chief executive officer (CEO). The previous finding around organisational documentation (NZS 8134: 2008 criteria 1.2.1.10) has been addressed.</p> <p>The managers have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility. One member of the management team has attended external attended cultural training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	FA	<p>Nazareth House is implementing a quality and risk management programme. Annual 2022 quality improvement goals are documented and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with a board representative, the GM of quality and risk based in Australia, GM and quality and education coordinator and staff confirmed both their understanding and involvement in</p>

<p>on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>quality and risk management practices.</p> <p>Policies and procedures are developed by the senior management team based in Australia and align with current good practice. Policies are reviewed, modified (where appropriate) and implemented. A range of new policies have recently been developed to meet the Ngā Paerewa 2021 Services Standard. Further changes are planned following consultation with Māori representation. New policies are discussed with staff. The service is planning to implement and assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data (e.g. skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated, analysed, and benchmarked against industry standards by an external provider QPS. Comprehensive reports are provided by QPS quarterly. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the facility manager.</p> <p>Regular family and resident meetings are held with evidence of both residents and families providing feedback via annual satisfaction surveys and 2021 results indicated that 89% of families were positive and 86% of residents were positive. Results were shared in meetings and newsletters. Corrective actions were implemented to address food services and laundry services.</p> <p>Monthly combined quality, health and safety and infection control meetings document comprehensive review and discussion around all areas including hazards, service improvement plans, emergency processes, complaints, incidents and accident, internal audits, and infections. A risk management plan is in place. Monthly clinical meetings and bimonthly meetings with caregivers and household staff ensure good communication. Interviews were conducted with a health and safety representative. Staff health and safety training</p>
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		<p>begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. A plan is implemented to orientate contractors to the facility's health and safety programme.</p> <p>The GM is aware of statutory responsibilities regarding essential notification with examples provided. Section 31 reports were completed for 19 recent incidents related to RN staffing shortages, and one unstageable pressure injury. Public health authorities were notified of a recent outbreak.</p> <p>The service collects ethnicity data during the resident's entry to the service and is planning to collect ethnicity data during the employment process for staff.</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>Position descriptions reflect expected positive behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio. The service supports and encourages support workers to obtain an NZQA qualification.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Toolbox talks are held when required at handovers. The service has been working to embed cultural values in their mandatory training programmes.</p> <p>The staffing policy meets with the Ministry of Health safe staffing hours. A unit clinical manager is rostered on both levels Monday to Friday. An RN is rostered on each floor for all shifts 24/7 with on-call support provided by the unit clinical management team. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff.</p> <p>Both levels are dual purpose and staffed the same. The ground floor currently has 36 residents (17 hospital and 19 rest home). Level one</p>

		<p>on the second floor currently has 35 residents (14 hospital and 21 rest home).</p> <p>Each level is staffed as follows: AM; one RN and six caregivers (four long [eight hour] shift and two short shifts [five and a half hours]); PM: one RN and six caregivers (four long and two short shifts); Night: one RN and one caregiver.</p> <p>Interviews with residents and families confirmed staffing overall was satisfactory.</p> <p>Ongoing training is offered to all staff. The service uses a combination of on-line training, guest speakers, in-service training and additional training is also provided through toolbox talks and staff meetings. A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. The service also uses an online training programme and staff are monitored to complete certain training sessions each month. The caregivers are encouraged to undertake aged care education (Careerforce). Currently there are eight caregivers with level 4 NZQA and three working on completing level 4. There are six HCAs with level 3 and a further six working on completing and eight with level 2 NZQA. While cultural orientation and training is provided, cultural competency is not determined.</p> <p>Work is underway to implement and assess staff cultural competencies to ensure the service can deliver high quality care for Māori. The service is planning to expand reporting to encourage collection and sharing of high-quality Māori health information. Plans are in place to encourage staff to participate in learning opportunities around health outcomes and disparities, and health equity.</p> <p>Training for clinical staff is linked to external education provided by the district health board. Registered nurse specific training viewed included: syringe driver, wound care, and first aid. There are six RNs employed and five are interRAI trained and one is in the process of completing. The unit managers provide oversite of the registered</p>
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		nurses and caregivers.
<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>	FA	<p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddyng 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. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Seven staff files reviewed (three caregivers, one unit manager, one unit-clinical manager, one RN and a diversional therapist) included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the workbook including clinical competencies evidenced signatures of completion within 90 days. The service has addressed the previous finding around orientation (NZS 8134:2008 criteria 1.2.7.4). Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service plans to collect ethnicity data and reporting it at a governance level.</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>	FA	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes including required documentation. The facility general manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which goes to the Board. The report does not currently include ethnicity but will include ethnicity specific to Māori moving forward. The new electronic system records ethnicity/race/indigenous status and iwi details.</p> <p>The service identifies links to Māori health providers within the Māori</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>health and awareness policy and procedure. The service continues to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p> <p>The executive group has in place Whakamoaua: The Māori Health Action Plan 2020-2025. The Māori Health Care Plan, Toku Oranga Pai (living my best life) is being implemented, available on the electronic care system and refers to: Taha Tinana (physical wellbeing), Taha Whānau (family community wellbeing), Taha Hinengaro (mental wellbeing) and Taha Wairia (spiritual wellbeing). The service is committed to working collaboratively (Kotahitanga) to incorporate the principles of the Treaty in a seamless and integrated way (Whanaungatanga) by providing compassion, care, and hospitality (Manaakitanga) in a culturally and spiritually safe environment for residents, their whānau/family, and staff.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The care planning/interRAI guidelines and nursing assessment care plan/social and activities plan policy guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. The organisations model of care is The Nazareth Way, “we are gospel based, values driven and committed to honouring and reflecting the charism of the sisters of Nazareth. We demonstrate a person-centred approach and excellence in our practice, everything we do as an organisation comes from the heart of who we are”. There is a Māori healthcare plan that supports Māori constructs of Oranga and ensures there is a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan, however this has not been activated in the new online electronic system that was introduced in September 2021. Implementation of the Māori healthcare plan is scheduled for implementation within the next two weeks. The Māori healthcare plan is called Toku Oranga Pai: Living My Best Life.</p> <p>There are a suite of policies around clinical aspects of care supporting tāngata whaiaka including (but not limited to); continence, challenging behaviour, pain, personal hygiene, intimacy and sexuality, skin/wounds, fall prevention, spirituality/cultural and grief and</p>

		<p>social/leisure. The service provides a key word guide in te reo Māori for resident and staff use as detailed in the Māori Health and Awareness policy. The service is working towards developing policies and procedures together with tāngata whaikaha that ensures tāngata whaikaha and whānau participate in service development.</p> <p>Seven resident clinical files were reviewed: two rest home and five hospital level care. Files reviewed included contracts for hospital level end of life, ACC, and respite residents. Other files reviewed included an unstageable pressure injury and a resident who identified as Tongan. The file sample was extended to include two rest home level residents. The resident on a respite contract and the resident on an end-of-life contract have been at the facility for less than three months.</p> <p>A registered nurse completes an initial assessment and care plan on admission including relevant risk assessment tools including (but not limited to); falls risk, pain, pressure injury, skin, continence, cognition, sensory, and nutritional assessments. Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident electronic care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the residents' electronic file. The interRAI assessment links effectively to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed on the electronic management system and hard copy documents (facility still transitioning to the electronic system), were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Short term needs such as current infections, wounds, weight loss, or recent falls automatically populates the long-</p>
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		<p>term care plan to reflect resident needs and removed when appropriate/resolved.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. The care plans on the electronic resident management system were resident focused and individualised with clear and flexible goals. Residents interviewed confirmed that they participate in the care planning process and review. The GP has reviewed residents three monthly. Residents and whānau interviewed confirmed they participated in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Registered nurses interviewed had knowledge of the four cornerstones of Māori health 'Te Whare Tapa Whā' and were working towards increased knowledge and better understanding. Care plans include the physical, spiritual, whānau, and mental health of the residents. End of life care is provided based on Te Ara Whakapiri.</p> <p>The service contracts with the local medical centre whose general practitioner (GP) provides medical services to residents. The GP visits weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The service also has access to the 24 hour on call GP group service. The GP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. All GP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident included, but were not limited to, physiotherapist, palliative aged residential care nurse, speech language therapist, older persons health clinicians, wound specialist, continence specialist Parkinson's clinical nurse specialist and dietitian. There is an onsite physiotherapist employed by the service who works three days per week. The physiotherapist completes residents' mobility assessments and provides staff education including manual handling.</p>
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		<p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs. The resident satisfaction survey completed in January 2021 shows a 90.53% satisfaction rate related to care.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were 23 residents (13 hospital and 10 rest home) three hospital residents with stage 1 pressure injuries and one rest home resident with an unstageable pressure injury. Incident reports and section 31 notifications have been made to the Ministry of Health. The electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs and documented wound assessments. The district nurse, specialist wound clinic and GP have input into chronic wound management.</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, neurological observations, vital signs, weight, turning schedules and fluid balance recordings and charts were implemented according to the care plan interventions.</p> <p>Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system.</p> <p>Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity</p>
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		of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	Not applicable	<p>The diversional therapist (DT) works full time and has been at the facility for 26 years. The DT is supported by two other wellbeing activities staff. Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. This is also displayed on the noticeboards around the facility. Both levels of care and the kitchen service receive a copy of the activities programme.</p> <p>The DT completes a social/leisure assessment on admission for all residents which informs the activity plan for each resident. The activity plan is reviewed at least six monthly or earlier as required. Activity attendance records are maintained. Residents' life story is documented in the nursing care plan. There are monthly themes for example, Māori Language week, Matariki, Anzac, Easter, and Christmas. The planner has one on one activities such as wheelchair walks, massage, shopping, manicures, reading, and sensory activities.</p> <p>The staff are a wide diverse team from many nationalities and part of the activities programme is to celebrate diversity, which has included and when Covid restrictions have allowed, kapa haka entertainment from visiting school children and staff speaking about their cultures at resident's activity events. The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori including ensuring that te reo Māori and Tikanga Māori are actively promoted and included in the activities programme. The service does not currently have any Māori residents, however, is planning towards ensuring opportunities are facilitated for Māori residents to participate in te ao Māori.</p>
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe	FA	Policies and procedures are in place for safe medicine management. Medications are stored safely in the two nurses' medication rooms. The internal audit schedule includes medication management six

<p>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>monthly.</p> <p>Registered nurses and medication competent caregivers administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication blister packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There were no residents self-administering medications on the day of the audit. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy, there were no expired drugs on site on the day of the audit.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One registered nurse and one medication competent caregiver were observed administrating medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The registered nurses and management described working towards partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<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>Not applicable</p>	<p>The four weekly seasonal menus have been approved and reviewed by a registered dietitian (October 2021) and is reviewed on a two-yearly basis. The menu is distributed to the residents weekly, allowing a choice of meals. The catering manager/chefs consult directly with residents to gain feedback of the food services and adjusts the menu if any special requests. The catering manager advised that they are planning celebrations for Matariki including choice of Māori foods.</p> <p>There is a current food control plan that expires 17 May 2022. The catering manager was interviewed on the day of audit and advised they receive resident dietary profiles and are notified of any dietary changes for residents from the RNs or unit clinical managers. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>The service is working towards a better understanding of tapu and noa ensuring all staff adhere to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices. One of the kitchenhands identifies as Māori and is assisting staff with understanding of Māori tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided. The registered nurses update caregivers on new admissions regarding care and support requirements as observed on the day of audit during handover. Referral to other health and disability services is evident in the resident files reviewed.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The service is certified for eighty dual purpose beds, forty on the ground floor and forty on level one. Each level has two wings. All eighty residents' rooms have their own spacious ensuite. There are adequate numbers of accessible bathrooms and toilets throughout the facility near activity, dining, and lounge areas. Appropriately secured and approved handrails are provided in the toilet/shower areas and ensuites, and other equipment/accessories are available to promote residents' independence. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation with some built in furniture and display shelves for personal items. Rooms are personalised with furnishings, photos and other personal items displayed. Bedrooms all have the ability to add a ceiling hoist to the already fitted track if required.</p> <p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 3 November 2022. The service has a full-time maintenance person, who is available Monday to Friday and four other part time staff that assist with building maintenance and gardening. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are completed on a form and checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius. Weekly air temperatures are completed including the nursing treatment rooms. The air temperature is set manually for the facility but can be adjusted to suit individual resident requirements. Equipment includes (but not limited to); two standing hoists, two full body hoists with a range of slings, mobility equipment, sit on weigh scales, wheelchair scales, pressure relieving equipment and sensor mats.</p> <p>The satisfaction survey 2021 rated accommodation/living areas and</p>
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		<p>environment 86.3% (excellent/good).</p> <p>The facility was rebuilt following the Christchurch earthquakes and was opened in 2016. Management advised future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</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, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to complete a safe and timely evacuation of the facility in the case of an emergency and the emergency management of information technology policy ensures operational continuity in the case of an IT failure. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 11 October 2016. Fire evacuation drills are held six monthly (22 February 2022). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service has adequate resources including food and water to last for at least two weeks. There are emergency folders with specific information held in the nurses' stations and civil defence supplies stored in a centrally located cupboard and on each floor. All supplies including food stores are checked monthly. The service has a large generator and heating is powered by a woodchip system. All systems can be accessed remotely.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells are linked to all staff cell phones and to a silent electronic display in the corridors. 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. The satisfaction survey reported 86.3% in 2021 for calls bells answered in a timely manner.</p>

		<p>The building is secure after hours and staff complete security checks at night. There are closed circuit TV monitoring in the nurses' stations of the entrances and corridors. There are security cameras installed in the corridors, front door, parking areas, and exit doors which are linked to an electronic system that can be accessed remotely. An external company also monitors the electronic security system. Currently, under Covid restrictions, visiting is restricted so the front doors remain locked during the day. Visitors are instructed to press the doorbell for assistance. Under normal circumstances the front door is set to close from 5 pm onwards.</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>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved by the board, who receive monthly reports around infection control matters.</p> <p>The infection prevention and control staff will in future participate with Māori for the protection of culturally safe practice and have available all policies and educational resources in te reo and acknowledge the spirit of Te Tiriti.</p> <p>The infection control coordinators are the unit clinical nurse managers who provide data to the quality coordinator to generate a report. The infection control report is presented and discussed at the infection control team meeting quality/staff and registered nurse meetings monthly. The organisation has close liaison with the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection control coordinator described utilising the MOH website and the DHB for information as needed. There are a suite of policies and procedures available to staff to guide them around safe practices. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE).</p> <p>Staff follow the DHB/MOH pandemic policy which is available for all</p>

		<p>staff. All staff and residents have been fully vaccinated. Visitors are being asked to be double vaccinated or there will be restrictions in visiting. All new residents are requested to be double vaccinated. Personal protective equipment is ordered through the MOH, and stock balance is maintained to support any possible outbreak. There is a large supply PPE stocks, sighted in a large room in the services area including staff scrub clothing and residents' hospital gowns that can be used during Covid outbreaks. This is checked weekly by the housekeeping team leader and is accessible to all staff. The service has set up a clinic area in the service area that can be accessed externally for all staff where staff can complete rapid antigen tests (RAT tests) prior to starting their rostered duty. The service has kit packs set up in each of the four residents wings which have supplies readily available if any resident tests positive to Covid. There is also doffing and donning areas. All resident rooms have their own ensuite so residents can be fully isolated if required. There are several electronic tablets in each wing to access resident information rather than having to go back to the nurses' station. The entrance doors are locked at all times and visitors/contractors are required to request access. Electronic sign in with vaccine passes is required. Hand sanitiser is readily available. Rapid antigen tests (RAT) tests are requested to be completed on site for visiting contractors. All staff and visitors are required to wear a mask at all times while in the facility.</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</p>	FA	<p>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control coordinators. All infections are entered into the electronic database by the quality coordinator, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Benchmarking occurs internally with other facilities in the organisation. Outcomes are discussed at the infection control team meeting, clinical, quality/health and safety, staff, and management meetings. Education is completed to address infection trends for the month with</p>

with an equity focus.		<p>specific goals to improve outcomes. On the day of audit, the focus for the month of May was to reduce urinary infections. A monthly report is prepared and included in the board reports. The service is planning to incorporate ethnicity data in surveillance reporting.</p> <p>All staff and residents have received the required Covid-19 vaccinations. All visitors, entertainers and contractors are required to be fully vaccinated.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice.</p> <p>No residents were using restraints at the time of the audit. The restraint coordinator interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation.</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.

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, 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.