

Senior Care Investments Limited - Fraser Manor Rest Home

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Senior Care Investments Limited
Premises audited:	Fraser Manor Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 July 2022 End date: 13 July 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:	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
	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

Senior Care Investments Limited - Fraser Manor Rest Home, provides rest home care for up to 40 residents. There have been no significant changes to the service and facilities since the last audit. There have been no changes to personnel in key management roles since the last audit.

This audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, the managers (who are the owners), staff, catering staff, and a general practitioner.

An improvement is required in relation to staffing. At the time this audit was undertaken, there was a significant national health workforce shortage.

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.

Fraser Manor Rest Home provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. Fraser Manor works collaboratively with internal and external Māori and Pasifika supports to encourage a Māori/Pasifika world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori staff interviewed.

Residents of Fraser Manor Rest Home receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept well informed.

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

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

Procedures are in place to resolve complaints promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk
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The governing body assumes accountability for delivering a high-quality service.

The purpose, values, direction, scope and goals for Fraser Manor Rest Home are documented. Goals are reviewed during annual business planning processes. Performance is monitored and reviewed at planned intervals.

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

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

There are three staff on duty at night, and more during the morning and afternoon shifts. Staff are appointed, orientated, and managed using current good practice.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When residents enter Fraser Manor Rest Home a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

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

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

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

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

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

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

Staff are trained in emergency procedures, use of emergency equipment and supplies and fire safety. Staff, residents and whānau understood emergency and security arrangements. Call bells are available in appropriate areas. Security is maintained and includes the use of security cameras.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The owners and senior care team at Fraser Manor Rest Home ensure the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

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

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service has been restraint free since July 2020 and aims to maintain a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	159	0	1	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 cultural safety and Māori health plan has been developed. This includes working collaboratively to embrace, support and encourage a Māori worldview of health and provide high quality, effective and equitable services for Māori framed by acknowledging Te Tiriti O Waitangi (TTOW). Enacting TTOW within all its work, recognising Māori and supporting Māori in their aspirations is explicit. The document provides guidance for staff on culturally appropriate care, and references the principles of partnership, participation and protection, and holistic concepts of health (pae ora).</p> <p>Staff and the owners (facility manager and chief executive officer) and staff have attended education related to the provision of culturally appropriate care. Residents and whānau interviewed were satisfied their care needs (including cultural needs) were being met. There are residents and staff that identify as Māori. Residents identifying as Māori were interviewed and confirmed having available all the supports that they required.</p>

		<p>The services of a kuia are available from a local marae to support the manager, residents and staff if and when required.</p> <p>Policy states a commitment to employ staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. The facility manager and CEO stated there are challenges recruiting staff at the time of audit, so ensuring there are sufficient staff to provide safe service delivery is the current priority, rather than staff ethnicity. However, where there is opportunity and suitable applicants, consideration will be given to employing staff with the ethnicity of current residents a consideration.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A number of policies and procedures are available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents that have been published. The provision of equitable services that are underpinned by the Pacific people's worldview policy notes 'to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and whānau'. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home.</p> <p>Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There are currently no residents that identify as Pasifika. Policy states an aim to employ staff representative of the residents. There are staff employed who identify as Pasifika. The facility manager and CEO advised that, where able, consideration is given to ensuring diversity in the appointment to vacant roles; however, there are significant challenges and constraints in the current labour market, which is a sector wide issue. Due to the size of the service this does not currently include leadership or management roles as these roles are held by the business owners. The CEO advises having a number of faiths-based Pasifika contacts that are available for advice and support if this is</p>

		required.
<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>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents of Fraser Manor Rest Home (Fraser Manor) in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English, te reo Māori and in sign language.</p> <p>Fraser Manor has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, the Bay of Plenty District Health Board (BOPDHB), and a kuia from the local marae. Fraser Manor recognises Māori mana motuhake</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>	FA	<p>Fraser Manor supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted. Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<p>Employment practices at Fraser Manor include police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct.</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Fraser Manor is promoted. The model encompasses an individualised approach that ensures best outcomes for all.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau at Fraser Manor reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, and signage throughout the facility.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, 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 to exercise independence, choice, and control.</p>	FA	<p>Residents at Fraser Manor and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A kuia from the local marae is available to support and advise if needed.</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>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern.</p> <p>There have been nine complaints received since 1 January 2022. There were no open complaints at the time of audit. Documentation showed the four sampled complaints have been acknowledged, investigated and followed up in a timely manner. The facility manager is the complaints officer.</p> <p>There have been no complaints received from the Health and Disability Commissioner (HDC), district health board or Ministry of Health (MOH) since the last audit.</p> <p>The complaints management system has not been reviewed to ensure this works effectively for Māori; however, there are ideas for how this may occur.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Fraser Manor provides aged related residential care at rest home level of care. Fraser Manor has two owners and directors, who are the chief executive officer (CEO) and facility manager. They have owned the care home since 4 July 2018. The CEO is responsible for business planning, financial oversight, oversight of the building and equipment and development and maintenance of information technology systems. The facility manager is appropriately experienced and is responsible for ensuring the day-to-day care needs of the residents are being met, staffing/human resources and quality and risk activities. The facility manager has attended over eight hours of education in the past year. The facility manager is supported by the registered nurse who has a current annual practising certificate, appropriate aged related residential care (ARRC) experience, interRAI competency and has been in the role for approximately 18 months; being new to the role just prior to the last</p>

		<p>audit.</p> <p>Policies and procedures have been developed with current references including those related to equity and outcomes for Māori. The facility manager and CEO advise a kuia is available from a local marae for advice and support in the event this is needed. There have been no concerns raised about the cultural appropriateness of care provided to residents including those that identity as Māori.</p> <p>The owners have attended training on Te Tiriti, equity, and cultural safety. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated as yet.</p> <p>The facility manager and CEO confirms a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services/care. This includes reviewing services for tāngata whaikaha via the care planning and review process and environment audits.</p> <p>The owner/licensee (governing body) of Fraser Manor Rest Home assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation • appointing an experienced and suitably qualified person to manage the Fraser Manor services • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, reference to satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The facility manager is responsible for implementation of the quality and risk system with the assistance of the registered nurse, and other senior staff.</p> <p>A resident satisfaction survey was undertaken earlier in 2022 with residents being offered the opportunity of providing feedback. The feedback was predominantly positive about services, with minor issues only raised. In addition, there are three monthly resident meetings (Covid-19 alert levels permitting). Meeting minutes showed a variety of topics discussed.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. Due to circumstances, not all planned audits have been completed in 2022; however, those related to resident safety and services have been prioritised and completed. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Organisational policies, procedures and associated documentation</p>

		<p>reviewed covered all necessary aspects of the service and contractual requirements. These have been developed by an external consultant and recently updated. These documents are reviewed and localised to reflect Fraser Manor Rest Home where necessary. Policies are available for staff electronically.</p> <p>Health and safety systems are being implemented according to the health and safety policy by the management team. There is a current hazardous substance register that was last reviewed in July 2022.</p> <p>Organisation business risks are identified, and mitigation strategies implemented for aspects within the facility manager's and CEO's control. The facility manager and CEO confirmed changes, or the identification of new risk related to individual resident's care, are brought to their attention promptly. There is a current hazard register. Fraser Manor has not yet included potential inequities in the organisational risk management and review processes.</p> <p>Staff are advised of quality and risk information via staff meeting, shift handover discussions, the communication book and electronic notifications and notices on the bulletin board. Staff confirm they are informed of relevant information including incidents and accidents, infection, training topics, hazards, system and process changes and new and amended policy or procedures. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service/operations level aimed to improve health equity within the Fraser Manor Rest Home.</p> <p>Staff document adverse and near miss events. The service is not required to comply with the National Adverse Event Reporting Policy. A sample of incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The CEO and the facility manager were familiar with essential notification reporting requirements. The events notified included a security issue, missing resident, fire evacuation, Covid-19 outbreak</p>
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		and a grade three pressure injury. The facility manager is responsible for essential notifications.
<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>	PA Low	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. The staff cultural competency assessment process, which includes equity, has yet to be implemented. Assisting with training and support for people and service providers to maximise people and whānau receiving services participation in the service is under review. Policies and education include reference to current health information.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>The registered nurse has interRAI competency.</p> <p>Continuing education is planned both annually and biannually, depending on the topic. Mandatory training requirements are identified, and relevant competencies are assessed. The mandatory training programme includes Covid-19 in a care environment, infection prevention and control overview, preventing muscular skeletal injuries and culturally inclusive care. The training schedule has been recently updated to include topics relevant to the Ngā Paerewa standards. Some education was unable to be provided as initially planned when scheduled due to Covid-19 restrictions in place at the time. Work has been undertaken to develop and implement an electronic training programme for staff with an array of topics now available via 'webinar'. Staff are required to complete a questionnaire assessing knowledge as part of this process. The answers are reviewed by a senior caregiver who is also the new training coordinator. Recent education topics included Covid-19, the call bell system, fit testing N 95 masks, use of rapid antigen tests (RATs), cultural inclusiveness and the Treaty of Waitangi, sharps management, first aid training, fire evacuation, infection prevention and control, medication management,</p>

		<p>and behaviours of concern and de-escalation.</p> <p>Staff reported feeling well supported and safe in the workplace, including at the cultural level. There are a range of initiatives that provide staff with support and a positive work environment.</p> <p>Current Māori health information is included in the staff training programme.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. These included comprehensive and applicable position descriptions and current employment contracts. Records of professional qualifications are on file and annual practising certificates (APCs) are checked for currency each year for both employed and contracted registered health professionals. Police vetting is occurring.</p> <p>Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have at least three days orientation/induction including where they are allocated to work with senior staff to undertake role specific training. Additional time is provided as required. A checklist is required to be completed relevant to each role along with a generic facility wide checklist and health and safety checklist.</p> <p>Staff performance is reviewed and discussed annually with records reviewed confirming this has occurred for applicable staff. All staff information on file is relevant, secure and retained in a confidential manner.</p> <p>Staff ethnicity data is being collected. A process to evaluate / utilise this data has yet to be implemented.</p> <p>Following incidents, the clinical manager and the operations manager are available for any required debrief and discussion. Staff advised they have been provided with a high level of support in relation to the</p>

		national Covid-19 pandemic, and impacts within the care home and local community, and have access to independent counselling services if required.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' records are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Residents' files are integrated electronic and hard copy files. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Fraser Manor is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents are welcomed into Fraser Manor when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Fraser Manor provides, and have chosen Fraser Manor to provide services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Fraser Manor collects ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Fraser Manor has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Fraser Manor, several residents request another provider to manage their</p>

		medical needs.
<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>	FA	<p>The multidisciplinary team at Fraser Manor works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Eight residents' files were reviewed. These files included residents who identify as Māori, residents receiving respite care, residents receiving care under a long-term chronic health contract, residents who self-administer medication, residents with a wound, and residents receiving rest home care who are residing in Bellbird Suites (a separate building).</p> <p>Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. Policies and processes are in place to ensure tāngata waikaha and whānau participate in Fraser Manors service development, deliver services that give choice and control, and remove barriers that prevent access to information.</p> <p>This was verified by reviewing documentation, sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</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>The activities coordinator at Fraser Manor provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Matariki and Waitangi was celebrated at Fraser Manor. Prior to Covid-19 restrictions being in place, several community groups including the local pre-school and a Kapa Haka group visited Fraser Manor, however this has not occurred during the Covid-19 restrictions. Local entertainers have recently started returning every Friday, in small groups. Visitors are required to be vaccinated and have negative rapid antigen tests (RAT) prior to entering Fraser Manor. The facility uses the local taxi vans to take their residents on outings. These however have not occurred during the past three to four months due to Covid-19 restrictions. Residents interviewed are looking forward to outings in the future. The activities coordinator takes residents, wearing masks, out for walk around the local vicinity when the weather permits.</p> <p>Residents' meetings occur quarterly, and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied with the activities provided at Fraser Manor.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p>

<p>access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Fraser Manor.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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 service provided at Fraser Manor is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 7 April 2022. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 21 January 2021. No areas requiring corrective action was identified, and the plan was verified for 18 months. The plan is due for reaudit this month.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. During Matariki and Waitangi weeks, the kitchen prepared a 'boil up' for those residents who requested it. The</p>

		<p>cook plans to prepare a 'boil up' monthly if this is requested by the residents.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>	FA	<p>Transfer or discharge from the service is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during the recent transfer of their relative. Family/whānau are advised of their options to access other health and disability services, social support or Kaupapa Māori services if the need is identified.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There was a current building warrant of fitness with an expiry date of 23 June 2023. Electrical test and tagging of electrical equipment was conducted by the facility services manager (who has a designated position overseeing the building, equipment and environment), along with the CEO. Both have been trained and verified as competent to undertake these checks. Clinical equipment has current performance monitoring and clinical calibration - completed July 2022.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. The main care home building comprises four wings called 'Kiwi, Kingfisher, Fantail and Tui' wings.</p>

<p>belonging, independence, interaction, and function.</p>		<p>Bellbird Suites (three suites each with two bedrooms, a full bathroom and a lounge) are located across the driveway from the main building. There is a front and back entrance that residents and staff can use to travel between the main building and Bellbird suites. Staff assist residents, where applicable, to travel between the two buildings. There are a total of 36 bedrooms and 40 beds. There are four rooms that are suitable for the care of two persons. These are used for couples. None of these rooms were in use at the time of audit, and therefore the facility is currently considered fully occupied with 36 residents.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs, including recreation needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Eleven bedrooms have either a full or partial ensuite bathroom. A shared bathroom is close to both bedrooms in the three Bellbird Suites.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, maintenance and the external areas. There were no current building projects planned. The management team advised any future developments will be planned to reflect the aspirations and identity of Māori.</p> <p>A local taxi service is utilised for transporting residents as, when and where required.</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>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. There are two generators available that enables at least five hours of emergency power for the kitchen, key equipment and essential care services. Staff have been trained and knew what to do in an emergency. There is always a staff member on duty with a current first aid certificate. The facility manager and CEO have both worked in disaster recovery services and state preparation and having appropriate supplies is</p>

<p>event.</p>		<p>essential. Residents were provided with information on fire, earthquake, and volcano response at their June 2022 residents' meeting.</p> <p>There is a fire evacuation plan that has been approved by Fire and Emergency New Zealand (FENZ) in place. The documented approval of the existing plan was unable to be located by the Fraser Manor management team. Three Fire and Emergency New Zealand employees were on site at Fraser Manor on the second day of audit, undertaking a review of the environment and the proposed new and updated fire evacuation plan that had been electronically lodged prior. The fire and emergency staff confirmed the inability for Fraser Manor to locate the previous approval fire scheme approval letter did not negate that Fraser Manor does have a FENZ approved fire evacuation plan/scheme in place. There is signage throughout the facility on evacuation procedures. The FENZ staff confirmed they were on site to undertake a review of the new plan/scheme as part of the new fire scheme approval process. The FENZ staff noted only minor adjustments are required to the new plan and approval will be given. The Fraser Manor management team advised FENZ staff had three previous appointments to come on site for the review in the last two months; however, FENZ had to defer these due to other local circumstances at the time.</p> <p>Fire evacuation drills are scheduled six monthly, with the most recent fire drill in late December 2021. Staff also evacuated residents in November 2021 when sunlight reflecting off a resident's mirror caused a curtain to start smouldering. This has resulted in a change in processes for the management of mirrors in sun prone areas. The next fire drill scheduled is now scheduled for later in July 2022 to utilise the new fire evacuation plan now that FENZ have undertaken the care home visit and provided feedback.</p> <p>Appropriate security arrangements are in place. This includes security cameras in use for external and entrance areas and communal internal areas. There is external signage that alerts visitors that cameras are in use. Residents and family / whānau (including those in bellbird Suites) confirmed they were satisfied with security</p>
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		<p>arrangements.</p> <p>Residents and whānau are informed of relevant security and emergency arrangements. Due to the Covid-19 restrictions at the time of audit, whānau are required to arrive at the front entrance and Covid-19 risk screening is conducted for all visitors prior to entry including a rapid antigen test.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on monthly by the registered nurse. The facility manager and CEO confirm they are kept well informed, and information is readily available at any time as all infections are noted electronically and included in the infection 'dashboard'.</p> <p>The facility manager and the CEO confirmed there is prompt reporting of any new concerns.</p> <p>The general practitioner provides initial support and advice. The management team advise the portfolio manager and other staff at Bay of Plenty District Health Board including the nurse specialists, district nurses, infection prevention and control nurse specialists and public health advice would be sought where clinically indicated from the DHB and / or laboratory staff. Recently support was provided to Fraser Manor during the Covid-19 outbreak.</p> <p>The CEO advised there are multiple methods in place to communicate with staff of any changes in Covid-19 related risks and the management strategy.</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>	FA	<p>The infection prevention and control coordinator (IPCC) at Fraser Manor is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the owner/facility manager. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the</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>role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard, are provided by an external advisory company, and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed following these correctly. Fraser Manors policies, processes and audits ensures that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Single use items are not reused. Educational resources are available and accessible in te reo Māori for Māori accessing services</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff have been trained accordingly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Fraser Manor is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place, however the effectiveness of the AMS programme has not been evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Fraser Manor undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. Fraser Manor</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>uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There was an outbreak of Covid-19 at Fraser Manor from March to April 2022. The outbreak lasted three weeks and affected 15 residents and ten staff. Residents affected were isolated in their 'pods' (a group of rooms) and visiting was restricted. The Regional Public Health Unit (RPH) and the BoP DHB were informed of the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Fraser Manor. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed</p>

		through observation.
<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>Maintaining a restraint free environment is the aim of Fraser Manor. At the time of audit, no residents were using a restraint, and this has been the case since July 2020. The facility manager advised the use of restraint does not align with the philosophy of care. In the event restraint use is considered, this would be as a last resort when all alternatives have been explored and would require discussion with and specific agreement from the facility manager, registered nurse, general practitioner, and resident and / or whānau/EPOA). The non-use of restraint is discussed at the regular staff meetings. The restraint register reviewed noted restraints have not been used and this was verified by staff and the RN (who is the restraint coordinator), interviewed.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, and de-escalation techniques.</p> <p>An annual restraint compliance audit is undertaken, and this includes an assessment of 16 factors.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). A cultural competency assessment, that includes equity as a topic has been developed but not yet implemented.</p> <p>Rosters are adjusted in response to resident numbers and level of care required and when residents' needs change. There is a minimum of three health care assistants (HCAs) on duty with one based in Bellbird Suites at night. During the day and afternoon shift, a designated caregiver is allocated responsibilities for the care of residents in Bellbird Suite and works between the main building and Bellbird Suites as applicable.</p> <p>The management team note there have been recruitment challenges, and recruitment for</p>	<p>Review of current and past three weeks rosters verified that planned shifts cannot be fully covered despite the management team efforts. Three out of ten residents reported there are some delays in answering their call bells. When staffing is short, residents expressed dissatisfaction they were unable to be assisted to shower.</p>	<p>Continue the recruitment process to ensure staff can be rostered to cover vacant shifts to answer call bells in a timely manner and assist residents with their showers.</p> <p>180 days</p>

		<p>HCA roles is an ongoing continuous process. Two HCA roles are currently vacant; however, the management team have employed staff who will commence in the next two weeks. There are four morning shifts on the current roster (two past shifts and two future shifts) for the week of audit that are currently not filled. There are also challenges now with covering unplanned staff absences. Due to unprecedented levels of unplanned leave, and the unavailability of external agency staff, Fraser Manor is, despite best endeavours, unable to cover unplanned staff absences for around five shifts a week at present. Staff interviewed confirmed in these events the usual resident allocation is changed and all residents are allocated a caregiver. Staff work together to ensure the care needs of residents are met; however, this may be via undertaking a wash rather than assisting the resident with a shower as would otherwise have occurred. Residents expressed appreciation for the work that care staff were doing, however expressed frustration at not being able to have a shower when they wanted or as previously planned, and three out of ten residents interviewed advised their call bells are not always answered in a timely manner.</p> <p>The roster is developed by the facility/administration employee and issued electronically to staff.</p> <p>The facility manager and the RN work weekdays and are on call when not on site.</p> <p>There are sufficient staff and hours allocated for catering, activities, maintenance/facility</p>		
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		<p>management, cleaning and laundry services.</p> <p>There are 16 staff with a current first aid certificate including the FM and RN. There is always at least one staff member on duty with a current first aid certificate. Applicable staff have completed medicine competency requirements.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.