Many Hands Limited - Cornwall 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 Central Region's Technical Advisory Services 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: Many Hands Limited

Premises audited: Cornwall Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 July 2022 End date: 27 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: 24

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

The facility is owned and operated by a sole managing director. The facility can provide care for 27 residents. Occupancy was 24 on the first day of the audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Standards 2021 and the contracts with Te Whatu Ora Health New Zealand - Wairarapa.

The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

Feedback from residents and families was positive about the care and the services provided.

There is an area identified as requiring improvement relating to: kitchen management.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

Cornwall Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. A Te Whatu Ora - Health New Zealand Wairarapa Māori liaison worker visits the facility, and the service works collaboratively to embrace, support, and encourage a Māori worldview of health, and provide high-quality and effective services for Māori residents.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. Quality systems,

processes and improvement projects are implemented. Internal audits, meetings, and collation of data were all documented and taking place as scheduled, with corrective actions when indicated.

The director/manager is appropriately qualified and experienced and is supported by a registered nurse.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. Role specific orientation and in-service training programmes are in place to provide staff with the appropriate knowledge and skills to deliver care.

The service ensures that the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required.

The registered nurse assesses residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioner or nurse practitioner completes a medical assessment on admission, and reviews occur thereafter on a regular basis.

Long term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.

Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management and align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. Residents and family confirmed satisfaction with meals provided.

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 holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Residents have single rooms which are all fit for purpose. Each room has sufficient heating, external light, and ventilation.

There are five rooms with en-suite toilet facilities and all rooms except one have hand basins. Communal bathroom and showering facilities are provided throughout the facility. Residents' rooms are spacious enough to allow for staff assistance and the safe and easy use of mobility aids where required. There is a main lounge area, two dining rooms and external areas with seating and shade.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Coronavirus disease. There is always a staff member on duty with a current first aid certificate.

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

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

The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and include policies and procedures to guide staff. The registered nurse is the infection control nurse. Infection data is collated, analysed, and trended. Antimicrobial prescribing is monitored. Monthly surveillance data is reported to staff. There have been no outbreaks since the previous audit. There are Coronavirus disease prevention strategies in place.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, the restraint in use was at the request of the resident. Restraint is only used as a last resort when all other options have been explored.

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	27	0	1	0	0	0
Criteria	0	169	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
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	Cornwall Rest Home, through the Māori health plan acknowledges the principles of Te Tiriti o Waitangi and aims to eliminate barriers to access for Māori. Māori participation is sought via a consultative process with input sought from whānau and/or cultural advisers/tangata whenua regarding the safe cultural care of the individual and their whānau. Training programmes for staff regarding Māori values, beliefs, cultural practices with respect to Māori health are maintained and the importance of whānau/whanaungatanga involvement with Māori residents is acknowledged and encouraged. The service has developed and implemented a cultural safety module that is provided as part of orientation and the mandatory two-yearly education programme. It defines and explains cultural safety and its importance; Te Tiriti o Waitangi; and tikanga best practice. All staff have completed this. At the time of the audit there were residents who identified as Māori.

		Residents and their family/whānau are encouraged to participate in the development of the resident's care plan. Opportunities for input into services are provided through residents' meetings. The Māori health plan states that the recruitment and training of Māori staff will be encouraged and there are three staff employed who identify as Māori, as well as the director/manager (DM).
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	Not Applicable	There is a cultural safety policy that describes the procedure for identifying and meeting cultural needs, as well as physical, spiritual, and psychological needs. It includes culturally sensitive considerations and practices. However, the policy does not identify or address the cultural needs of Pacific peoples. Family/whānau interviews stated that they were satisfied with the choices they were provided regarding their care, activities and the services provided. Information gathered during assessments includes identifying a resident's specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining background information on a resident's cultural preferences, which includes, but is not limited to beliefs; cultural identity; and spirituality. This information informs care planning and activities that are tailored to meet identified needs and preferences. The cultural safety policy includes consideration of spiritual needs in care planning.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal	FA	The service has implemented policies and procedures to ensure that services are provided in a manner that is consistent with the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code). All staff have received education on the Code as part of orientation and the mandatory two-yearly education programme. Staff interviews confirmed awareness of the Code and observations evidence practices that demonstrate an understanding of their obligations. Evidence that the Code is implemented in their everyday practice

requirements.		includes, but is not limited to, maintaining residents' privacy; providing residents with choice; and providing opportunities family/whānau and residents to be involved in resident case conferences. Residents and their families are provided with information about the Code as part of an information pack and booklet provided on admission to Cornwall Rest Home. The booklet and admission agreement includes information on the complaints process and the advocacy service. The DM and the registered nurse (RN) explain the Code during the admission process to ensure understanding. Posters in te reo Māori and English and brochures were visible at the facility entrance. There is an advocacy policy for staff to follow and ensure the Code is upheld and residents have access to representation. The policy includes facilitating access to advocacy for a resident if required. This information is displayed at the facility entrance. Policy and practice ensure all residents', including Māori residents, right to self-determination is upheld and they are able to practice their own personal values and beliefs. The Māori health plan identifies how Cornwall Rest Home responds to Māori cultural needs and beliefs in relation to illness.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Caregivers and the RN interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choices. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirmed that residents and families are treated with respect. This was also confirmed during

		interviews with residents and families. A sexuality and intimacy policy is in place as well as online staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church ministers visit, and a spirituality policy is in place. Te reo Māori is used during activities. Staff are encouraged to use te reo Māori and there are te reo Māori signs being developed in a selection of locations throughout the facility. Online cultural training was last completed in 2021 with plans to roll out more specific Māori cultural training for staff in 2022. There are policies and procedures that are aligned to the requirements of the Privacy Act and Health Information Privacy Code, to ensure that a resident's right to privacy and dignity is upheld. They provide guidelines for respecting and maintaining privacy and dignity. There are spaces where residents can find privacy within communal areas.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from	FA	The admission agreement, signed prior to occupation, provides clear expectations in regard to the management and responsibilities of personal property and finances. Residents and/or their family/whānau provide consent for the facility to manage the residents' comfort funds. There was no evidence of abuse of residents' property or

abuse. As service providers: We ensure the people using our services are safe and protected from abuse.		possessions. An abuse and neglect policy is being implemented. Cornwall Rest Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses harassment, racism, and bullying. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. One relative interviewed confirmed that the care provided to their family member is excellent. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.
Subsection 1.6: Effective communication occurs 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with	FA	Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Accident/incident forms reviewed identified relatives are kept informed. One relative interviewed stated that they are kept informed when their family

them about their choices.		member's health status changes and post general practitioner (GP) visits. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice, and Te Whatu Ora –Health New Zealand Wairarapa specialist services. One Māori resident receives regular visits from a Māori social worker/kaumātua, (Coronovirus disease (COVID-19) restrictions allowing). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The DM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
Subsection 1.7: I am informed and able to make choices 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. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability	FA	There is an informed consent policy to ensure that a resident who has the capacity/competence to consent to a treatment or procedure, has been given sufficient information to enable that resident to arrive at a reasoned and voluntary decision. It provides guidelines for staff to ensure adherence to the legal and ethical requirements of informed consent and informed choice. The policy includes a definition of consent and procedures and how this will be facilitated and obtained. Staff receive orientation and training on informed consent and all staff interviewed, including non-clinical staff, demonstrated that they are cognisant of the procedures to uphold informed consent. The information pack includes information regarding informed consent. The DM or RN discuss and explain informed consent to residents and whānau during the admission process to ensure understanding. This includes consent for

to exercise independence, choice, and control.		resuscitation and advance directives. There is a resuscitation order and advance directives policy to ensure that the rights of the resident are respected and upheld, and residents are treated with dignity during all stages of serious illness. The policy defines the procedure for obtaining an advance directive and who may or may not make an advance directive. Verbal consent is expected for activities of daily living; and specific consent is sought for: end of life care; advance care planning; and a note recorded for resuscitation decision. Informed consent of the resident and/or enduring power of attorney (EPOA) is documented. It includes consent to the release of medical information; medical review by other health professionals, medication administration, blood tests; vaccinations; photographs on files and recreational activities. Residents sign a separate consent for media such as posts on the facility's notice board and newsletter. File reviews demonstrated that advance directives and resuscitation orders are completed in accordance with policy. When required advance care planning and EPOAs were initiated and documented. The Māori Health policy acknowledges Te Tiriti and the impact of culture and identity on the determinants of the health and well-being of Māori residents. and requires health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This includes whānau support and involvements in the decision-making, care, and treatment of the resident, provided the resident has given consent for the whānau to be involved.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and	FA	The complaints procedure is provided to residents and relatives on entry to the service. The DM maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters, emails and telephone conversations, meetings and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and

their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.		Disability Commissioner (HDC). There was one complaint logged in the complaint register in 2021-22 (year-to-date). The complaint documented in the register included an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted). Discussions with residents and one relative confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the DM. Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an HDC advocacy information.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Cornwall Rest Home is owned and managed by a DM who has been in this role for four years. The facility has a strategic plan which documents the mission, values, and scope of the facility. The plan defines the behaviours, expected outputs and critical success factors for the organisation and reflects a person-centred approach. The facility's mission statement, philosophy and values are detailed in the resident welcome pack provided to new residents and family on admission and are documented for staff in operational documents. The DM monitors and analyses operational activity and trends. The DM is suitably qualified and experienced with a diploma in finance and a diploma in human services. The DM has experience as the chief executive officer of a disability service and experience in financial planning and life insurance. Prior to this the DM was a registered nurse (RN) and maintained a practising certificate until 2005. The DM is supported by an RN, who has been employed by the facility for two years. The RN works 40 hours per week and is responsible for clinical management and oversight of services. Cornwall Rest Home is certified to provide rest home level care for up

		to 27 residents. The facility also holds Te Whatu Ora - Health New Zealand Wairarapa contracts for long-term support for chronic health conditions (LTSCHC), respite care and day care. On the first day of audit there were 24 beds occupied. Occupancy included two residents under the LTSCHC who are under the age of 65. The DM has an understanding of the obligation to comply with Ngā Paerewa Health and Disability Service Standards NZS8134:2021 as confirmed at interview. The annual strategic plan has key outcomes which are resident centred, such as resident satisfaction, health and safety, complaints, education, and fiscal stability and are monitored. There is Māori representation at governance/management level. The core competencies that management are required to demonstrate, include understanding of the services' obligations under Te Tiriti, health equity, and cultural safety. The organisation has a documented strategic plan incorporating vision, mission, and values statements. The organisation values were displayed in the facility and in information available to residents and family/whānau. The facility Māori health plan describes how the organisation will ensure equity. The DM described how the facility is introducing the basics of te reo Māori and supports staff to upskill in Māori tikanga. Three staff members can converse in te reo Māori. Families/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery. There are no residents with an occupation rights agreement.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus	FA	Cornwall Rest Home has an annually reviewed, approved quality and risk management plan, that is developed with input from facility staff. The plan outlines the quality and risk management framework to promote continuous quality improvement. There are policies and procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act

on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		2001. There is an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign-off by the DM when completed. The information technology (IT) system used by the facility allows the DM to capture quality improvement initiatives as a result of internal audit findings. Quality improvement initiatives include refurbishment of the facility and ensuring meals are hot when served to residents. The DM is the health and safety lead, and all matters are raised at staff meetings allowing for input from all areas of staff. The facility holds a comprehensive monthly meeting for all staff, that include; quality, health and safety, staff, caregivers, and infection control and prevention with good staff attendance. Meetings minutes evidence that a comprehensive range of subjects are discussed, and these are emailed to all staff. At interview, through observation and resident meetings it was noted that residents were able to be involved in decision making/having choices as well as access to technical aids and technology within the service. Completed hazard identification forms and staff interviews show that hazards are identified. The hazard register sighted is relevant to the service and has been regularly reviewed and updated. The facility follows the adverse event reporting policy for internal and external reporting (where required) to reduce preventable harm by supporting system improvement. A notification to HealthCERT under Section 31 was noted, regarding the absence of the RN for two weeks. During this time the IT system allowed for the RN to work from home and have video call sessions with residents and staff inclusive of wound care review. The resident GP was also available on call to visit the facility 24/7 providing clinical oversight during this period.

		Quality health care and equality for Māori is clearly stated within the Māori health plan and policy.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	Cornwall Rest Home policy includes the rationale for staff rostering and skill mix to ensure staffing levels are maintained at a safe level. Interviews with residents, relatives and staff confirmed that staffing levels are sufficient to meet the needs of residents. Rosters reviewed evidenced that staff were replaced when sick, by other staff members picking up extra shifts. Cleaning staff are rostered on seven days per week. Laundry is carried out by the caregivers over a 24-hour period and does not impinge on the time they have for care of residents. The DM works 40 hours per week, Monday to Friday, and is available on call for any non-clinical emergency issues. The RN works 40 hours per week and is available on call for clinical support. The RN is interRAI trained and caregivers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four. There is an implemented annual training programme. Staff competencies and education scheduled are relevant to the needs of aged-care residents. Each shift has a qualified first aide competent staff member. An annual resident and relative satisfaction survey has been completed in 2022, with an average rating of 95% approval. Areas highlighted as requiring corrective action related to heating, a pothole in the driveway, more video call availability for chats and the afterhours phone service. Corrective action plans were initiated and addressed to residents' satisfaction. Support systems promote health care and support worker wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required, as well as support for staff and whānau during COVID-19 lockdowns.

Subsection 2.4: Health care and support workers 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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the DM's office in a locked filing cabinet. Staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that include: outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Personnel involved in driving the van held current driver licences and first aid certificates. A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy). There is an appraisal policy. All staff who had been employed for over one year had an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori. Staff competencies and scheduled education are relevant to the needs of aged-care residents. Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Residents' records and medication charts are managed electronically. Residents' information, including progress notes, is entered into the resident's record in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed at every shift, detailing residents' response to service provision. There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed an awareness of their obligations to maintain the confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised

		access. Electronic password protection and any hard copy information is locked away when not in use. Documentation containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public. Each residents' whānau and resident information is maintained in an individual, uniquely identifiable record. Records include information obtained on admission, with input from the residents' family where applicable. The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals. National Health Index registrations of people receiving services meet the recording requirements specified by the Ministry of Health.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria. The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, GP and/or nurse practitioner (NP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. Interviews with the DM confirmed that there had been no declines to the service since the last audit. The resident would be declined entry if not within the scope of the service or if a bed was not available. The needs assessment and service coordination (NASC) assessments are completed for entry to the service. All resident files reviewed had current interRAI assessments in place. The admission policy requires the collection of information that includes ethnicity. Interviews with residents and families and review of records confirmed the admission process was completed in a timely

		manner. The DM described progress towards forming relationships with identified Māori service provider groups within the community.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The RN is responsible for all residents' assessments, care planning and evaluation of care. Initial care plans are developed with the resident's/EPOA consent within the required timeframe. Initial care plans are based on data collected during the initial nursing assessments, which include dietary needs; pressure injury; falls risk and social history and information from pre-entry assessments completed by the NASC or other referral agencies. Resident care plans are developed using an electronic system. The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. Documented interventions meet the residents' current assessed needs however, early warning signs are not documented in sufficient detail to guide resident care in the event of a deterioration in the resident's condition. The residents' activities assessments are completed by the RN within three weeks of the residents' admission and used to develop the residents' individual activity care plans. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. However, the required cultural assessments are not completed. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process. Short term care plans are developed for acute problems, for example, infections.

		The initial medical assessment is undertaken by the NP or GP within the required timeframe following admission. Residents have reviews by the NP or GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that care was of a high standard. The facility has access to an after-hours service. Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status. There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated. The progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all unwitnessed falls. Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, this is managed using the electronic system. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards

		meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. Ethnicity is recorded on admission however residents who identify as Māori do not have a Māori health care plan in place which describes the support required to meet their own pae ora outcomes.
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.	FA	The residents' activities programme is overseen by the DM. There was no diversional therapist or activities coordinator employed on the day of the audit due to a recent resignation. Caregivers are rostered to implement the activity programme Monday to Friday from 10am to 4pm. At the weekends, movies and other activities are available for residents. The activities programme is displayed in the communal areas. The programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. A Roman Catholic priest and a Baptist minister visit the home regularly. Regular van outings into the community occurs. The residents' activities assessments are completed within three weeks of the residents' admission to the facility with oversight from the RN. Information on residents' interests, their family, and previous occupations is gathered during the interview with the resident and their family and documented. The residents' activity needs are reviewed every six months by the RN at the same time the care plans are reviewed and are part of the formal six-monthly multidisciplinary review process. Regular resident meetings are held and include discussion around activities. The residents and their families reported satisfaction with the activities provided. Over the course of the audit residents were observed engaging and enjoying a variety of activities. Recent events have included St Patrick's day and Matariki

		celebrations, poi making and a mid-winter Christmas dinner.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded electronically. Resident allergies and sensitivities are documented on the electronic medication chart and in the resident's electronic record. The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored and are within the required range. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly checks of medications and six monthly stocktakes are conducted in line with policy and legislation. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness on the electronic medication record was sighted. Current medication competencies were evident in staff files. Education for residents regarding medications occurs on a one-to-one basis by the RN. Medication information for residents and whānau can be accessed online as needed.

		There were no residents self-administering medication on the day of the audit. Standing orders are not used. Interview with the RN confirmed that if over the counter or alternative medications were being used, they would be added to the medication chart by the NP/GP following discussion with the resident and/or their family/whānau. No over the counter or traditional medications were in use on the day of the audit.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	PA Low	A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes and dislikes of residents. These are accommodated in daily meal planning. Residents can participate in food preparation as part of the activity programme. All meals are prepared on site and served in one of the two dining rooms or in the residents' rooms. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and families interviewed stated that they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been reviewed by a dietitian, with the winter menu implemented at the time of audit. The food control plan expiry date is 31st July 2022. The food control audit was delayed due to COVID-19 and is scheduled to occur early in August 2022. Food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored

		appropriately in fridges and freezers however the temperatures of fridges and the freezer are inconsistently recorded. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated. Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. However, specific options to address residents' cultural needs are not available within the current menu.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	There is resident transfer/discharge policy. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies if indicated or requested. Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process. Interviews with the DM and RN and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers. The facility uses the 'yellow envelope' system for transfers to another service or facility. Follow-up occurs to check that the resident is settled.
Subsection 4.1: The facility 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	FA	A current building warrant of fitness is displayed in the entrance to the facility. The DM is responsible for maintenance. The DM has identified refurbishment requirements and has an implemented planned and

move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		reactive maintenance schedule. The facility has an annual test and tag programme, and this is up to date, with checking and calibrating of clinical equipment annually. Staff interviews and facility inspection confirmed there is adequate equipment to support care for all residents. Each resident has their own room with sufficient space to sit and read and mobilise safely. There are external landscaped lawns, decked areas with outdoor tables and chairs, and shade able to be accessed freely by residents and their visitors. The facility has: two dining rooms; a main lounge and a small communal lounge outside one room. The two dining rooms can service as lounge areas outside meals times. There are external balconies around the veranda of the facility and other areas with seating and shade that can be easily accessed by residents. Residents can also meet with visitors in their room for privacy if they wish, (COVID-19 restrictions dependant). Furniture in residents' rooms includes residents' own personal pieces; is appropriate to the setting; and is arranged in a manner that enable residents to mobilise freely. The lounge areas are used for activities. Residents are encouraged to have meals with other residents in communal dining rooms, however, can choose when and where to have their meals. All resident rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. There are wall panels for heating in residents' rooms. There are two heat pumps in communal areas. The environment in both residents' rooms and communal areas was noted to be maintained at a satisfactory temperature. There are sufficient numbers of accessible toilets and showering facilities of appropriate design to meet resident needs located in each wing of the facility. Communal toilets have a system to indicate vacancy and have disability access. The visitor/staff toilet is located near communal areas. All shower and toilet facilities have call bells; sufficient room; approved handrails; and other equipment to facilitate ease of mobility and independence. Residents were observed being supported to access communal toilets and showers in a manner that

		was respectful and preserved resident dignity. Hot water temperatures are monitored three monthly and were noted to be maintained within recommended temperature ranges. Manager interviews confirmed that where these varied from the recommend range corrective actions were taken immediately to address this. There are two external designated smoking area for residents that ensure smoking does not impact on other residents or staff.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	An approved fire evacuation plan was sighted that is relevant to the configuration of the facility. Interviews and documentation confirmed that fire drills are conducted at least once every six months. There is firefighting equipment and signage displayed. The most senior person on duty is the nominated fire warden for the facility. Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The RN, caregivers, the cook, and activities person have completed first aid training. There is a least one staff member on each shift with a current first aid certificate. Staff files and training records demonstrate that orientation and training include emergency procedures and fire safety. There are supplies to sustain staff and residents in an emergency situation including alternative energy and utility sources available in the event of the main supplies failing. These include a barbeque and gas bottle; lighting; food, and continence supplies. A generator can be sourced externally if required. The facility has an external tank of water for emergencies, and sufficient fresh water to support residents and staff for seven days in an emergency. All hand basins used for hand washing, including those in residents' rooms, have access to flowing soap and paper towels. These were

		observed to be used correctly by staff and visitors. There are security systems in place to ensure the protection and safety of residents, visitors, and staff. The facility is locked in the evenings and external doors are locked. Doors are checked by staff late afternoon. The entrances are monitored by external cameras. Caregivers carry the facility mobile phone at night as well as internal intercom devices and the DM interview advised that police would be called at night if staff were concerned about their security. Currently, under COVID-19 restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance. Family/whānau are aware of the security measures and fire systems with notices placed in all wings.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Infection prevention (IP) and antimicrobial stewardship (AMS) are an integral part of the strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme. There are policies and procedures in place to manage significant IP events. Any significant events are managed using a collaborative approach and involve the infection control nurse (ICN) and the GP. External resources and support are available through external specialists, GP, wound nurse, and the public hospital IP team when required. Overall effectiveness of the programme is monitored by the ICN and DM. The RN is the ICN and has completed training for the role. A documented and signed role description for the ICN is in place. The ICN reports to the DM. There are adequate resources to implement the infection control programme. The ICN who is responsible for implementing the infection control programme, liaises with the DM. Infection control reports are discussed at the facility's meetings. The ICN has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding

		of the infection prevention and control programme.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually and is linked to the quality and business plan. There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, single use items, healthcare acquired infection (HAI) and the built environment. Infection prevention and control resources including personal protective equipment (PPE) were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. There is a pandemic response plan in place which is reviewed and tested at regular intervals. The DM and ICN involve staff in the review of policies and procedures when appropriate. The ICN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The ICN has access to an online training system with resources, guidelines, and best practice. The DM and ICN have completed infection control audits. The DM purchases infection control equipment as required. Infection prevention input into new buildings or significant changes occurs as

		required. There is a policy in place for decontamination of reusable medical devices and this is followed. Educational resources in te reo Māori can be accessed online if needed. All residents are included and participate in IP. Staff are trained in cultural safety. There have been no outbreaks since the previous audit.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use and its effectiveness is monitored, recorded, and analysed. Trends are identified and feedback to staff occurs. If an area for improvement were identified this would be discussed with the GP.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The Cornwall Rest Home surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring. Internal audits are completed. The ICN is responsible for the surveillance programme. Infection control surveillance occurs monthly with analysis of data and reporting at staff and quality meetings. The type of surveillance undertaken is appropriate to the size and complexity of this service. Standardised definitions are used for the identification and classification of infections. At interview staff reported they are made aware of infections through handover, progress notes, short term care plans and verbal feedback

		from the RN and DM. New infections and any required management plan are part of the handover, to ensure early intervention occurs. Families are updated by phone, email or text if required. Short term care plans are developed to guide care and evaluate treatment for all residents who have an infection. Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. Coronavirus disease information is available to all visitors to the facility. Infection prevention and control resources are available should a resident infection or outbreak occur.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.	FA	The facility implements waste and hazardous management policies that conform to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste. Current material safety data sheets are available and accessible to staff. Staff complete a chemical safety training module on orientation. Staff receive training and education in waste management and infection control as a component of the mandatory training. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. Cleaning services are provided seven days a week. Laundry is managed by the caregivers. Visual inspection, of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing,

		drying, and handling of personal clothes and facility linen. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. Caregivers interviewed demonstrated knowledge of the process to handle and wash infectious items when required. Residents' clothing is labelled and personally delivered from the laundry, as observed. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Housekeeping personnel interviewed are aware of the requirement to keep their cleaning trolleys in sight. The ICN completes regular cleaning and laundry audits.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint approval process is described in the restraint minimisation policy. Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraint. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The DM is the restraint coordinator. Use of restraint is reported to the monthly quality meeting. Data includes types of restraint used, reasons for using restraint and length of time restraint is used. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at

		all staff meetings. On the day of the audit, there was one resident using a restraint (bedrails) at their request.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. The policy acknowledges the holistic framework of Te Whare Tapa Whā as being central to Māori residents, these being mental, physical, and spiritual and whanau wellbeing. It requires that cultural needs of residents are recognised during each stage of restraint. This is includes seeking cultural advice and/or guidance to maintain and practice cultural safety; family/whanau consultation in care planning; incorporating specific cultural values into plans of care where restraint may be indicated; and completing an evaluation of the restraint process to assess whether it best meets the needs of the resident's culture and practice. A completed assessment was sighted for the resident using restraint evidencing assessment, monitoring, and evaluation. However cultural and spiritual needs were not assessed (refer to 3.2.3). Restraint is used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff. Alternatives to restraint include low beds, and sensor mats. Documentation includes the method approved, when it should be applied, frequency of monitoring and when the restraint should end. Records also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process. Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with policy. A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, and

		staff meetings. Restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated according to identified risk. The evaluation includes a review of the process and documentation, including the resident's care plan and risk assessments, future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. Staff monitor restraint related adverse events while restraint is in use. Data reviewed, minutes and interviews with staff confirmed that the use of restraint is only used as a last resort.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	There is a current food control plan. However, temperatures of the two fridges in the kitchen are not recorded daily as required.	That the temperature of the two kitchen fridges is not monitored consistently.	Ensure the temperature of the kitchen fridges is recorded daily as required. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.