

# Presbyterian Support Southland - Resthaven Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Presbyterian Support Southland

**Premises audited:** Resthaven Village

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

**Dates of audit:** Start date: 11 August 2022 End date: 12 August 2022

**Proposed changes to current services (if any):** Since the last audit the service has converted the 10-bed dementia unit into dual purpose rest home/hospital beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 40



# Executive summary of the audit

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## 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

Resthaven is part of the Presbyterian Support Southland (PSS) organisation and provides care for up to 60 residents across two service levels (rest home and hospital [medical and geriatric]). On the day of audit, there were 40 residents in total.

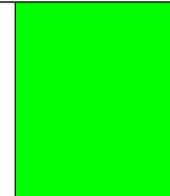
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and contracts with Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The facility manager has been in the role since May 2019 (absent at the time of the audit). The facility manager is supported by an experienced clinical manager. They are supported by a director enliven, quality manager, registered nurses, and a team of experienced staff. There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no areas for improvements identified at this audit.

## 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.

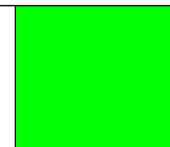


Subsections applicable to this service fully attained.

Resthaven provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Resthaven provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

## 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.

There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. The service has implemented comprehensive quality and risk management systems that include quality improvement projects. Internal audits and the collation, and benchmarking of clinical data were documented as taking place as scheduled with corrective actions as indicated. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential. Meetings are held to discuss quality and risk management processes. Residents' meetings have been held and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to

manage risk. Incidents and accidents are reported. Human resources are managed in accordance with good employment practice. An orientation programme and staff education and training plan (2022-2023) is being implemented. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Residents, relatives, and staff reported that staffing levels are adequate to meet the needs of the residents.

## Ngā huarahi ki te ora | Pathways to wellbeing

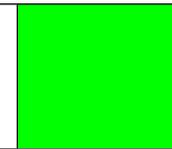
Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed by the need's assessment service coordination service prior to admission to determine the required level of care. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The electronic care plans demonstrate service integration. The activities coordinator provides and implements a varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents are supported to maintain links within the community. Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent care workers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Transfers, discharges, and referrals are well coordinated with family involvement.

## Te aro ki te tangata me te taiao haumarū | 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.

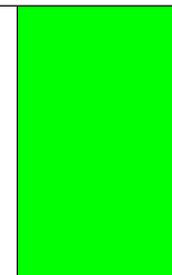


Subsections applicable to this service fully attained.

PSS Resthaven has a current building warrant of fitness. Reactive and preventative maintenance is carried out. All bedrooms are single occupancy, and all have shared ensuite facilities. There are communal and shared showers and toilets with privacy locks. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised. External garden areas are available with suitable pathways, seating and shade provided. There is suitable lighting, ventilation, and heating in all areas. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. There is always a staff member on duty with a current first aid certificate.

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

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



Subsections applicable to this service fully attained.

Infection control policies and procedures are documented. Enliven has a comprehensive pandemic plan and a dedicated Covid response team. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board. There have been two outbreaks since the previous audit. The clinical manager is also an infection control coordinator. The infection control team have access to a range

of resources including Bug Control. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions. There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Chemicals are stored safely throughout the facility.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. The service is committed to a restraint-free environment. There were no residents using restraint at the time of the audit. PSS Resthaven maintains a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

## 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	0	0	0	0
Criteria	0	159	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and a cultural services response policy are documented for the service as a key element of organisational cultural awareness, safety, and competency. Presbyterian Support Southland (PSS), as one of seven Presbyterian Support regions, has Te Pātiki o Kōtahitanga (national Whenua policy) which is aligned to and has responsibilities on regions under Te Tiriti o Waitangi. They are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. The organisation is working towards developing key relationships with Māori stakeholders. The service has residents who identify as Māori. Their care plan identifies their preferred and unique cultural values and beliefs.</p> <p>As part of staff training, Te Tiriti o Waitangi is discussed and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. The Presbyterian Support Southland Māori Cultural Advisor role was vacant at the time of the audit. As part of the</p>

		<p>organisations strategic plan, the Board has approved the role to be elevated to a full-time role with senior responsibilities across the organisation, reporting to the chief executive officer (CEO). The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit, there were Māori staff members employed at Resthaven and throughout the wider organisation in a range of roles. All staff have access to relevant tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eleven care staff interviewed (eight care workers who work in the rest home and five in the hospital, two registered nurses (RN) and one activities coordinator) described how care is based on the resident's values and beliefs. The PSS cultural advisor is available to provide guidance and support for all staff, residents and family/whānau.</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>Plans are underway for the PSS to develop a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pasifika communities for guidance. The service will also reach out for guidance on cultural safety through our PSS Family Works services who have long standing relationships with the Pasifika community and Pasifika Islands Trust social services.</p> <p>On admission, all residents state their ethnicity. Advised that family members of Pasifika residents will be encouraged to be present during the admission process, including completion of the initial care plan. There were no residents that identified as Pasifika. Individual cultural beliefs are documented for all residents in their care plan and activities plan. The service is actively recruiting new staff. The chief executive officer (CEO) described how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with fifteen staff (eight care workers, two RNs, one cook, one cleaner/laundry, one health and safety coordinator, one</p>

		<p>maintenance person and one activities coordinator), five residents (three rest home, two hospital) and six relatives (four hospital and two rest home) identified that the service puts people using the services, whānau, and the Gore community at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-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>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The facility manager or clinical manager discusses aspects of the Code with residents and their relatives on admission. Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family interviewed reported that the residents’ rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held. Staff receive education in relation to the Code at orientation and through the education and training programme which includes, (but is not limited to), understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Care workers and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in. It was observed that residents are treated with dignity and respect. The Strategic Plan outlines the support for Te Ao Māori in services and employment; “building our understanding of Te ao Māori by ensuring we are responsive to the needs of individuals and family/whānau in the wider community of Southland”. Resident and family satisfaction surveys completed in 2022 confirmed that residents and families are treated</p>

		<p>with respect. This was also confirmed during interviews with residents and families. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple living at the facility.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. 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, and church services are held. A spirituality policy is in place. Te reo Māori is used during activities with the months of the year written in te reo Māori. Plans are underway to continue to promote te reo Māori. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living &amp; non-living things.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. PSS Resthaven policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. A PSS code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSS code of conduct. 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 caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with RNs and care workers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. A strengths-based and holistic model is prioritised</p>

		in the Māori health plan to ensure wellbeing outcomes for Māori residents.
<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>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. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified relatives are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English but was able to understand English. A communication plan was in place. Staff confirmed that they are able to communicate effectively with the resident with examples provided. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other health professionals that are involved with the resident such as the hospice and Te Whatu Ora Southern specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to a range of services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will</p>	FA	<p>The service has a policy in place for informed consent and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. Written consents are included</p>

<p>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>		<p>in the admission agreements, which are signed on admission to the service. Informed consent processes are discussed with residents and families on admission.</p> <p>There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. Interviews with care workers and residents identified that consents are sought in the delivery of personal cares. The service applies appropriate best practice tikanga guidelines in relation to consent.</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>Complaints forms are available at the entrance to the facility. Information around the complaints process is provided on admission. A record of all complaints, both verbal and written is maintained by the facility manager on the complaints register. Eighteen complaints have been received since the last audit, nine complaints were made in both 2021 and 2022 year to date. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. Registered nurses and care workers interviewed confirmed that complaints and any required follow-up is discussed at staff meetings as sighted in the minutes. Residents and relatives advised that they are aware of the complaints procedure and how to access forms and feel comfortable discussing concerns with management.</p> <p>A complaint made in 2020 through the Health and Disability Commissioner (HDC) was reviewed during the audit process and confirmed the required corrective actions were implemented around training, communication, incident management, and availability of care plans. No issues were identified around these areas in this audit.</p> <p>Discussions with residents and families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they</p>

		<p>can choose from to make a complaint or express a concern. Resident meetings are held monthly. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p>
<p><b>Subsection 2.1: Governance</b></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>Resthaven is one of four aged care facilities under Enliven Residential Services for Older People (SOP), a division of PSS. Resthaven is certified to provide rest home and hospital (medical and geriatric) level care for up to 60 residents. Since the last audit, the service has converted the 10-bed secure dementia unit into dual purpose rest home/hospital beds. All 60 beds are dual purpose. At the time of the audit there were a total of 40 residents: 14 rest home, including one resident on a young persons with disability (YPD) contract and 26 hospital level care including one resident on a YPD contract.</p> <p>The facility manager has been in the role since May 2019 (she was absent at the time of the audit). The facility manager is supported by an experienced clinical manager. They are supported by a director of enliven, quality manager (both were present at the time of the audit), RNs and a team of experienced staff.</p> <p>The governance body (Trust Board) for PSS is a Charitable Trust comprising of seven trustees. There is a formal orientation programme for new Trustees. There is a Terms of Reference for the Trust Board and a position description for Trustees. The legislative compliance policy was approved by the Board which outlines the expectation of management in meeting legislative compliance.</p> <p>There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. A two-year business plan has been developed and approved by the Trust Board. The CEO and senior leadership team is responsible for delivery on the business plan objectives. Management reports on progress against the plan on a quarterly basis. Te Roopū pā Harakeke oversees the operationalisation of the national Cultural Policy, Te Pātikitiki o Kōtahitanga which has been developed and committed to formally by all regional Board Chairs. The Board undertook Te Tiriti o Waitangi Training in 2021 with the PSS Cultural advisor. The Board Chair also</p>

		<p>completed a two-day cultural training as part of a national PSS Hui. Funding is available for Trustees to undertake group or individual development as identified</p> <p>The Board has Ngai Tahu representation on its membership. The Presbyterian Support New Zealand (PSNZ) Cultural Advisory group comprises Māori representatives from each region. The PSS Māori cultural advisor role was vacant at time of the audit, this role is planned to be expanded from two days a week to a full-time position. The Trust Board has funded the position of Pastoral Care support, that enables the current worker (Māori) to provide support to residents and families of Māori, non-Māori, and disability residents within the ARRC services. This helps ensure cultural needs are met as required, (eg, recent tangi held on sites and development of Whanau rooms). PSS actively identify and minimise barriers to accessing information and service for all residents within the service.</p> <p>The Trust Board has created a clinical governance committee that meets two monthly. The quality manager is responsible for the implementation of the business plan for all PSS sites (including Resthaven) and provides a regular report to the clinical governance committee that highlights areas of risk. The Clinical Governance committee approves the business plan and receives progress reports against it, including internal and external audit findings and results. Presbyterian Support Southland undertakes clinical benchmarking with Presbyterian Support Otago and South Canterbury on key clinical indicators and these are reported to the committee who in turn report to the Board meeting.</p> <p>Key objectives are identified and regularly reviewed by the Board at their monthly meetings, evidenced in the Board meeting minutes. The clinical governance committee provides monthly feedback directly to the Board on clinical risk and Health and Disability Sector Standard requirements. The clinical governance committee reviews the risks for the PSS Enliven (aged care) service at their monthly meetings where this information is reported to the Board. The board provides strategic guidance and effective oversight to the senior leadership team.</p>
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		<p>The facility manager and clinical manager have completed the required eight hours training including an online leadership training session and attend Te Whatu Ora aged residential care meetings and monthly management meetings. Residents with disabilities are able to voice their opinion through the monthly resident meetings and the residents annual satisfaction survey.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>PSS Resthaven has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are reviewed two yearly or when changes occur and have been updated to meet the Ngā Paerewa 2021 standards. New policies or changes to policy are communicated to staff. Internal audits, satisfaction survey results and the collation of data are documented and benchmarked. Presbyterian Support Southland undertakes clinical benchmarking with Presbyterian Support Otago and South Canterbury, and other aged care facilities in New Zealand. Results are reported to the committee who in turn report to the Board meeting. Quality and health and safety meetings are scheduled monthly. Meeting minutes reviewed reflected discussions around quality data (eg, falls, infections, use of restraint, and other adverse event data), internal audit results, complaints received (if any), and satisfaction survey results).</p> <p>The 2022 resident and family satisfaction surveys have been completed. Results were very positive which was confirmed during resident and family interviews. The overall satisfaction for the resident and family survey was at 95%.</p> <p>A health and safety system is in place. PSS has a health and safety coordinator who oversees the organisational health and safety programme and facilitates monthly meetings at sites. There are eight health and safety representatives, including a care worker, who was interviewed along with the health and safety coordinator. Health and</p>

		<p>safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. A staff noticeboard keeps staff informed on health and safety. Hazard identification forms are loaded onto Beware (health and safety platform). An up-to-date hazard register was sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for three hours per week or as required. Strategies implemented to reduce the frequency of falls include intentional rounding/checks and the regular toileting of residents who require assistance. Electronic reports are completed for each accident/incident with immediate action noted and any follow-up action(s) required, evidenced in 12 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising). Incident and accident data is collated monthly and analysed using VCare. Each event involving a resident reflected a clinical assessment and follow up by a RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event. Staff have completed cultural competencies in 2021 to ensure staff are equipped to provide high quality care for Māori.</p> <p>Discussions with the quality manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been 17 section 31 notifications completed in 2021 and 2022 year to date to notify HealthCERT, including 15 related to RN sickness/unavailability, 12 in 2022 and three in 2021, and two resident sudden deaths in 2022. There have been two outbreaks with the public health authorities notified (Covid-19 in July 2022 and Enterovirus in January 2021).</p>
Subsection 2.3: Service management	FA	There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>delivery of care and support. There is a first aid trained staff member on duty 24/7. Rosters reviewed evidenced that staff were replaced when sick. The facility manager and clinical manager both work five days a week (Monday to Friday). There is RN cover across all shifts in the hospital wing. An RN or enrolled nurse (EN) works in the morning and afternoon shifts in the rest home wing. All RNs and the EN have current first aid certificates.</p> <p>In the Waimea wing, 27 dual purpose beds; there were 19 residents in total (18 hospital and 1 rest home level residents). There is one RN who works from 6.45am to 3.15pm. The RN is supported by five care workers rostered on the morning shift (3x 7 am to 3 pm, 1x 7 am to 11 am and 1x 7 am to 11.30 am). The afternoon shift has one RN from 2.45 pm to 11.15 pm and four care workers (2x 3 pm to 11 pm and 2x 3 pm to 9.30 pm). There is one RN and two care workers overnight from 11 pm to 7 am.</p> <p>In the Charlton wing, 33 dual purpose beds; there were 21 residents in total (8 hospital level residents and 13 rest home). There is one RN/enrolled nurse (EN) who works from 6.45 am to 3.15 pm. The RN/EN is supported by four care workers on the morning shift (1x 7 am to 3 pm, 1x 7 am to 1.30 pm and 2x 7 am to 1 pm). The afternoon shift has one RN from 2.45 pm to 11.15 pm and four care workers (1x 3 pm to 11 pm and 2x 4 pm to 9 pm and 1x 5 pm to 9 pm). The RN from the Waimea wing covers the Charlton wing. One care worker is rostered overnight from 11 pm to 7 am (medication competent).</p> <p>Interviews with residents, relatives and staff confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>There is a staff education and training plan in place for 2022-2023. Altura online training is being implemented from 1 September 2022. The education and training schedule plan lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services and attend toolbox talks. The PSS cultural advisor provided Te Tiriti o Waitangi and cultural safety staff training in 2021.</p> <p>The service supports and encourages care workers to obtain a New</p>
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		Zealand Qualification Authority (NZQA) qualification. Out of a total of 30 care workers 80% have completed qualifications; five have completed their level four, 16 have completed their level three and three have completed their level two qualification. Competencies are completed by staff, which are linked to the education and training programme. Competencies cover manual handling and hoists, restraint minimisation, infection prevention and control, skin management, insulin, medication management and observations. Six RNs (including the clinical manager) and one EN are employed and were all interRAI trained. Education for the nurses is available through Te Whatu Ora Southern and Hospice.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office. Nine staff files reviewed (one clinical manager, two RNs, four care workers, one cook and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All staff had completed an annual performance appraisal.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrated that the orientation programmes support RNs and care workers to provide a culturally safe environment to Māori. An orientation programme for volunteers is also in place. Information held about staff is kept secure, and confidential. Plans are in place to maintain an employee ethnicity database. Following any accident/incident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
Subsection 2.5: Information	FA	Resident files and the information associated with residents and staff are retained electronically using VCare. Electronic information is

<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>		<p>backed up and individually password protected. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented electronically include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed during this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The National Health Index registration of residents occurs prior to entry to the facility.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager or facility manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents as sighted on electronic residents files. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. Enliven is in the process of employing a cultural advisor and is planning to work with the advisor to develop strategies</p>

		to eliminate inequities between Māori and non-Māori. The service has meaningful links to the local marae and is continuing to work on developing relationships with local Māori providers.
<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>There are policies documents including (but not limited to): person centred care planning policy, admission documentation flow chart and the clinical documentation to guide staff around admission processes, required documentation including interRAI, risk assessments, care planning, and the timeframes for completion and review. There are a suite of policies around clinical aspects of care including, (but not limited to) continence, nutrition, behaviour that causes concern, pain, skin care, wound management, fall prevention and management, pressure injury prevention and death. The model of care is based on the 'person centred' philosophy. The clinical policies guide clinical staff in best practice to support early identification of deteriorating health.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include dietary details, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities which includes cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>Six resident files were reviewed: four hospital and two rest home including one resident on a YPD contract. The clinical manager and RNs are responsible for conducting all assessments and for the development of care plans. Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents. Long-term care plans documented the needs and supports on the electronic system. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident electronic file. Evaluations were completed six-monthly or sooner for a</p>

	<p>change in health condition and evidenced resident's progression towards meeting resident goals. InterRAI assessments sampled (where required) had been reviewed six-monthly. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes. Care workers and RNs described how the care they deliver is based on the four cornerstones of Māori health model Te Whare Tapa Whā evidenced in the reviewed resident files.</p> <p>The care plans on the electronic resident management system were resident focused and individualised. Care plans include allied health and external service provider involvement. When a resident's condition alters, the RN initiates a review and if required, a GP visit or referral to nurse specialist consultants occurs. The short-term care plans integrate current infections, wounds, or recent acute issues to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits once a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated they are notified via phone, text, or email in a timely manner for any residents with health concerns and provides afterhours support to the service. All GP notes are entered into the electronic system. The GP commented positively on the care the residents receive. Allied health interventions were documented and integrated into care plans. A physiotherapist is contracted for 3 hours a week. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Southern. Relatives are invited to attend GP reviews and if they are unable to attend, they are updated of any changes.</p> <p>There were two residents with wounds on the day of audit. There were no residents with a pressure injury. Incident reports have been completed for the wounds. The paper based wound care plan documents a wound assessment with the management plan, and evaluations. A wound register is maintained. Monitoring charts included, (but not limited to): weights, observations included vital</p>
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		<p>signs, blood glucose levels, weight, turning schedules, skin monitoring and fluid balance recordings, and all monitoring charts were implemented according to the care plan interventions.</p> <p>Care workers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Care workers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes.</p> <p>The clinical manager and RNs described working in partnership with residents and whānau to ensure residents have the opportunity to identify their own pae ora outcomes, and all residents including residents with disabilities are not restricted in accessing information, care and supports they need to achieve their goals and aspirations.</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 programme is provided by one activity coordinator who works Monday to Friday 35 hours a week. The activity coordinator completes assessment on admission for all residents which informs the activity plan for each resident. The activity plan is reviewed at least six monthly or earlier as required. The care plan includes spirituality and religious preferences. The activity coordinator maintains attendance records and uses these to document progress notes. An internal audit completed in June 2022 evidenced 98% compliance and the resident satisfaction survey in 2022 showed 100% satisfaction with activities programme.</p> <p>The overall programme has integrated activities that is appropriate for the cohort of residents. The planner includes (but is not limited to) exercises, balloon game, knitting group, card games, bocchia, musical bingo, newspaper reading, housie, travel time, happy hour, scallywag,</p>

		<p>walking group, van outings, seasonal celebrations, and one on one time. The programme allows for flexibility and resident choice of activity. There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow.</p> <p>There are several lounges and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p> <p>Residents receive a copy of the weekly programme which has the daily activities displayed and includes individual and group activities. Also in the main dining room, there is an activity wall planner with large enough font size for residents to read with ease. The activity coordinator endeavours to include previous hobbies and interests to the planner. There are monthly themes, for example, Matariki, Queens Birthday, Waitangi Day, Māori language week, Easter and Christmas. Enliven identifies social calendar requirements with activities suggestions to meet physical, cognitive, creative social, sensory, spiritual, and domestic needs.</p> <p>The needs of younger residents are accommodated. The activity coordinator ensures she takes the time so all residents can live their best lives. Intimacy is encouraged and supported between married couples.</p> <p>The activities programme includes the use of te reo Māori for the current month and days name on the activity's planner. There is Māori language education for residents. Residents are taught simple words, phrases, and greetings in Māori as part of the everyday programme. Māori residents are provided opportunities to talk about their Māori heritage, Māori singing, and the use of te reo Māori in everyday conversation. The service has planned a van trip to the local marae for the residents in September 2022, also plans are in place to celebrate Māori language week in the same month.</p> <p>The service receives feedback and suggestions for the programme</p>
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		through resident meetings and resident surveys. The residents and relative interviewed were happy with the variety of activities provided.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. Staff (RNs, and medication competent care workers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and medication competent care workers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys, in locked medication rooms. There is a small stock of medications kept for use on prescription and these are routinely checked. The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>There were no residents who self-administer medications on the day of the audit. There are no standing orders or 'nurse initiated'</p>

		<p>medications used. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. There are no agency staff administering medications. All medication errors are reported and collated with quality data. The medication management internal audit evidenced 100% compliance in October 2021.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The RNs described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a cook. All meals and baking are prepared and cooked on site. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan is valid to 26 March 2023. The four weekly seasonal menu was due in July 2022 for approval by a registered dietitian but due to unavailability of a dietitian this is re-scheduled for September 2022. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision.</p> <p>The kitchen is situated adjacent to the dining room and in close proximity to the main lounge in Waimea wing. Cooked food is placed in a bain marie which is located near the servery counter in the kitchen. The dining room is spacious. The menu is displayed in the lounge/dining room so residents can easily see what is on the menu for the day. Tray service is available for residents who choose to dine in their rooms. There is a process in place to provide clean and hygienic dishes and utensils.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The</p>

		<p>internal audit schedule includes a food service audit. The last internal audit completed in June 2022 evidenced 100%.</p> <p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the electronic resident management system and is graphed. The long-term care plan section for nutritional needs included a section on food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the six resident files reviewed.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Residents and relatives interviewed were complimentary of the food services. The cook is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested.</p> <p>Residents provide verbal feedback on the meals through the resident meetings which is attended by the cook when required. Resident preferences are considered with menu reviews. Resident surveys are completed annually which evidenced overall satisfaction with food services. Residents interviewed expressed their satisfaction with the meal service.</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,</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. Discussion with the RNs identified that the service accesses support either</p>

<p>transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>through the GP, specialists, and allied health services as required.</p> <p>There is evidence of referrals for re-assessment from rest home to hospital level of care. The service works in partnership with all residents and families/whānau to ensure all have access to other health and disability services and social support or kaupapa Māori agencies where appropriate. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope system. A verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard by the maintenance person, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires in July 2023. The maintenance person works 40 hours a week Monday to Friday. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is a weekly, monthly, and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/trades services are available 24 hours as required. Testing and tagging of electrical equipment have been completed in June 2022. Medical equipment such as beds and hoists were last checked in July 2022, the remaining equipment is scheduled for October 2022. Care workers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care.</p> <p>The Waimea and Charlton wings are dual purpose: All rooms are single occupancy with shared ensuites. There is a safe access to internal courtyards. There is a main lounge and several small lounges including a whānau room and a separate dining room adjacent to the main kitchen. There are identified communal and visitor toilets within the facility with privacy locks. Fixtures, fittings, and flooring are</p>

		<p>appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Residents were observed moving freely around the areas with mobility aids where required. The external gardens have seating and shade. There is safe access to all communal areas. There is a hot water radiator in all resident rooms and communal areas which can be individually adjusted. All bedrooms and communal areas have ample natural light and ventilation.</p> <p>There are no plans for building projects, or further refurbishments, however if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is an emergency resident 'grab bag' checklist. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 29 March 2021. A fire evacuation drill is repeated six-monthly, last completed on 22 July 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage, gas cooking (BBQ and gas hobs in the kitchen) are available.</p> <p>An arrangement is in place with an external contractor for the lease of a large generator. There are adequate supplies in the event of a civil defence emergency including ample water stores (10,000 litre water tank onsite). Emergency management is included in staff orientation</p>

		<p>and external contractor orientation. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and an external security company and staff complete regular security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager (infection control coordinator) has support from the PSS infection prevention and control governance committee. The committee consists of the infection control personnel from each facility, the Quality Manager and the Director of Enliven. The committee meets at least annually. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually as part of the quality plan. Policies and the infection control plan have been approved by the board, who receive monthly reports around infection control matters. The infection control coordinator (clinical manager) provides an infection control report to the facility manager. The report is discussed at quality, staff, and RN meetings. The report is forwarded to the PSS infection prevention and clinical governance committee.</p> <p>The Māori health plan ensures staff are practicing in a culturally safe manner. The CEO receives reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and antimicrobial stewardship (AMS) on a monthly basis, and any significant infection events. Infection control audits are conducted.</p> <p>The service has access to an infection prevention team from Te Whatu Ora Southern and Public Health South. Visiting hours are open, however, visitors are asked not to visit if unwell. Covid-19 screening, and health declarations continue for all visitors including contractors and anyone who is likely to be in the building for an extended period of time. There are hand sanitisers strategically</p>

		placed around the facility.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical manager is the infection control coordinator and oversees infection control and prevention across the service. The job description outlines the responsibility of the role (sighted).</p> <p>The infection control policies and procedures are available to staff and include (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. The organisation is a member of Bug Control, and the infection control coordinator interviewed described support from the infection control specialist from Te Whatu Ora Southern. The organisation has close liaison with the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection control coordinator described utilising the MOH website for information as needed. The infection control coordinator attended zoom workshops held by Te Whatu Ora Southern. There is good external support from the GP, laboratory, and the clinical staff from sister facilities.</p> <p>The infection control coordinator has completed an online infection control course and an annual Enliven infection control and prevention study day which included (but by no means limited to) antimicrobial stewardship, standard precautions, and isolation procedures. Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Infection control education provided in July 2022 focused on outbreak management. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE).</p> <p>Staff follow the Covid outbreak minimisation and management policy which is available for all staff. All staff have been double vaccinated, and most residents are double vaccinated. Visitors are being asked to</p>

		<p>sign a declaration form. Personal protective equipment (PPE) is ordered through the MOH, and stock balance is maintained to support any possible outbreak. Adequate PPE stocks were sighted in the centrally located store, which is accessible to all staff. The infection control coordinator and the management team monitor the change in levels and the number of cases in the community, so they are ready for an outbreak in the local community. Hospital acquired infections are collated along with infection control data.</p> <p>The section of the infection prevention and control policy on disinfection and sterilisation includes detailed instructions for all current equipment. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are wiped between use with hospital grade disposal wipes. The policy describes a high level of disinfection is required (eg, tweezers, nail clippers, otoscope use). Infection control is included in the internal audit schedule, completed in May 2022 evidenced 100% compliance. The clinical manager has input to the ordering of supplies and any new equipment.</p> <p>This audit was undertaken during Covid-19 orange level restrictions. The main door is locked to the facility to ensure compliance with limited visiting restrictions. All staff, visitors and contractors must make an appointment and are required to wear a mask while in the facility.</p> <p>The service is not planning significant changes to the existing building or new building however if they were, management advised they would seek clinical input from an infection control perspective. The service has had cultural advice on how staff can practice infection control in a culturally safe way, while acknowledging the spirit of Te Tiriti. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The service has policies and procedures which monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Infection rates are monitored monthly and reported to the quality</p>

<p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>meeting and clinical focus group. The RNs ensure the timely and accurate assessment and reporting of infections and liaise with the GP for appropriate treatment. Each infection must meet specific criteria. The GP is responsible for the diagnosis and treatment, and the RN is responsible for ensuring the optimal treatment is provided, and accurate documentation using the electronic resident system.</p> <p>The RNs interviewed described using clinical judgement when completing a care plan for infections considering that some infections can be self-limiting, especially when it is caused by a virus such as the common flu/colds. Alternative interventions should also be considered before the use of antimicrobials. Examples are increasing fluid intake, improving hand hygiene practices the use of Ural sachets etc. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at clinical meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, staff meetings and clinical governance group. Benchmarking occurs with two other PSS facilities and also with PSO facilities. Meeting minutes and graphs are displayed in the staffroom for staff (sighted). Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora Southern for any community concerns.</p> <p>Residents and staff are offered influenza vaccinations. All staff and residents are fully vaccinated against Covid-19, all staff and most residents have had influenza vaccines. There were no residents with Covid-19 infections on the days of audit</p>

		<p>The service is planning to incorporate ethnicity data into surveillance methods and data captured around infections and this will be included in the meeting minutes.</p> <p>There was an Enterovirus outbreak in January 2021 and a Covid outbreak in July 2022. The facility successfully followed and implemented their pandemic plan. Staff wore PPE, and residents and staff were and continue to be RAT tested daily. Families were kept informed by phone or email, and visiting was restricted to end of life only. The documentation sighted evidenced notifications were made to the Public Health team, daily logs were maintained, and staff were updated at each shift handover. The clinical manager interviewed described the debrief meeting they had followed to evaluate what went well, what could have been done better and discussed any learnings to promote system change and reduce risks as sighted in meeting minutes.</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>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in locked cupboards. Staff have completed chemical safety training in August 2022 and the chemical provider monitors the effectiveness of chemicals. Safety datasheets and product sheets are available, and sharps containers are available and meet the hazardous substances regulations for containers. There are either one or two cleaners on each day. When cleaning trolleys are not in use, they are kept in a locked cupboard. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room which has a sanitiser and a sink. Goggles are available.</p> <p>All laundry is processed on site. The laundry has a dirty entrance where laundry is taken to for processing. The laundry is operational seven days a week. The laundry is equipped with two commercial washing machines in the dirty area. The dryer is situated in the clean area. The room is key locked. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the</p>

		<p>facility. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry assistant and cleaner interviewed were knowledgeable regarding their responsibilities and could describe changing to their practices to include changes around Covid-19.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standards 2021. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit there were no residents using any restraints. The facility is committed to providing services to residents without use of restraint.</p> <p>The use of restraint (if any) would be reported in the quality and staff meetings. The designated restraint coordinator, clinical manager, was interviewed and described the facility's focus on minimising the use of restraint. Restraint minimisation is included as part of the training plan and orientation programmes and includes a competency questionnaire. Restraint use is included in the clinical governance committee reporting. The information and benchmarking for restraint between Presbyterian Support regions is included in the Board reporting.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.