

Manukau Healthcare Limited - Lady Elizabeth Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Manukau Healthcare Limited
Premises audited:	Lady Elizabeth Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 September 2022 End date: 7 September 2022
Proposed changes to current services (if any):	Change of ownership
Total beds occupied across all premises included in the audit on the first day of the audit:	50

Executive summary of the audit

Introduction

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

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

General overview of the audit

Lady Elizabeth Home and Hospital (Lady Elizabeth) provides age-related residential care services for up to 55 rest home and hospital level care residents.

The service has been privately owned and operated by a registered nurse manager for 33 years. There have been no changes in the service since the previous certification audit in 2021 which resulted in a four-year certification.

A sale and purchase agreement between Manukau Healthcare Limited and Lady Elizabeth home and Hospital has been signed with an expected settlement date of 09 November 2022. This provisional audit considered the preparedness of the prospective provider (Manukau Healthcare Limited) to take over the business. A representative from Manukau Healthcare Limited (the prospective provider) was interviewed by telephone prior to the onsite audit. Manukau Healthcare is experienced in providing aged care services. They currently own and operate three other aged facilities in Auckland. The audit also considered how well the current operator of Lady Elizabeth complies with Ngā Paerewa Health and Disability Services Standard and their service

agreement with Te Whatu Ora Counties Manukau. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau members, managers, staff, and a general practitioner.

Interviews and documents supplied by the prospective provider demonstrated their suitability and readiness to acquire the service. They are not intending to make any changes to the current size and scope of the services at Lady Elizabeth.

There were no improvements identified with regard to the safety and quality of services currently being provided at Lady Elizabeth during this audit.

Ō tatou motika | Our rights

Lady Elizabeth works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

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

There have been no complaints submitted directly to the service. A complaint to the funder has been investigated by them which the current providers cooperation. Although the funder determined the complaint was unsubstantiated, the complainant submitted the same issues to the office of the Health and Disability Commissioner. This complaint is still open.

Hunga mahi me te hanganga | Workforce and structure

The governing body who is the owner of the service, assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

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

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

The service's policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The general practitioner (GP) completes medications reviews. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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

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

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

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The governing body measures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced.

The infection control coordinator is involved in procurement processes, and any facility changes, and processes related to decontamination of any reusable devices. Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

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

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

Here taratahi | Restraint and seclusion

The service aims for/is a restraint free environment. This is supported by the owner and policies and procedures. There were no residents using restraints at the time of audit and there had been no restraint interventions used for more than three years. Written procedures are available for assessment, approval, monitoring and review should any restraint be used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	161	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Lady Elizabeth Home has policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. There were no Maori residents on the days of audit but other residents and their whānau interviewed reported that staff supported and promoted all residents rights to self-determination. Manu motuhake is respected. Residents said they felt culturally safe. Service delivery is based on the principles and practices of person centred care, so the values, beliefs and ethnic origins of individual residents are taken into account. This was observed with a Dutch resident whose birthday celebration included being sung too in their first language.</p> <p>There were no Māori staff employed, which was not a reflection of recruitment processes. The nurse manager and deputy manager stated they have not had any Māori applicants.</p> <p>The Māori health plan and associated policies have been developed with input from educational advisers. The provider has access to</p>

		<p>Māori health advisors from Te Whatu Ora Counties Manukau. Cultural assessments and care plans based on te whare tapa wha Maori model of care is available for residents who identify as Māori.</p> <p>Evidence from the prospective provider.</p> <p>The prospective provider confirmed at interview that they engage with Māori stakeholders to assist them in implementing policies and procedures to meet these new requirements. They also stated their intention to try and employ Māori staff.</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>	FA	<p>Lady Elizabeth identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that support culturally safe practices for Pacific peoples using the service. There are a number of Pacific peoples currently employed who engage with Pacific residents. Those residents interviewed felt their worldview, cultural and spiritual beliefs were embraced.</p> <p>The prospective provider confirmed they have a Pacific Peoples Plan and policies which reflect the Ministry of Health Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025.</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>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. Advocacy services are linked to the complaints process. The Code is available in Māori and English languages.</p> <p>There were residents and staff members who identified as Māori. The senior RN reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whanau, or their</p>

		<p>representatives in its cultural safety policy. Assessment process includes the resident's wishes and support needs.</p> <p>The prospective owner demonstrated a good understanding of the consumers' rights legislation and they currently own aged care facilities in Auckland.</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>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The senior RN reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. The contracted physiotherapist visits the facility twice a week.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff have completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori in some cases.</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</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is</p>

<p>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>included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected. Professional boundaries are maintained. The senior RN reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents. The senior RN and GP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whanau reported that communication was open and effective, and they felt listened too. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. The nurse manager and senior RN reported that anticipatory conversations relating to the impending death of residents on palliative care is conducted on an ongoing basis with the</p>

		<p>resident, and EPOA/whānau /family. This was further reiterated by GP who stated that the nursing team is always proactive in ascertaining a resident's preferences and choices regarding interventions and place of care.</p> <p>The senior RN reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required, is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whanau. The senior RN reported that advance directives are explained and encouraged.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and kept in the residents' files. In interview with residents, they reported that they felt safe, protected and listened to and happy with care and consent processes.</p> <p>The senior RN reported that tikanga best practice guidelines in relation to consent will be observed as per policy requirements.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There had been no formal complaints received for many years prior to late 2021. The family of a discharged resident submitted a complaint to Counties Manukau who investigated and found the complaint to be</p>

<p>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>unsubstantiated in November 2021. The complainant submitted the same issues to the office of the Health and Disability Commissioner in February 2022. This complaint remains open and under investigation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The owner of the service has been the onsite nurse manager for 35 years during which time they have grown the size and scope of the service from eight beds to 55 beds. They described the ethos of care as being person centred and based on 'old school' nursing practices. This person is an experienced RN who maintains clinical and sector knowledge through attendance at seminars and on line learning and complies with regulatory and reporting requirements. The nurse manager cited many examples of improvements in resident's health and/or resolution of health conditions as a result of the care interventions provided. This was confirmed in the care records and through interview with residents and their whānau.</p> <p>The leadership structure is appropriate to the size and complexity of the organisation, a senior leadership team meet regularly. This team comprises the nurse manager, deputy manager and the senior RN who carries out clinical governance tasks. The purpose, values, and mission of the organisation are on display at the entry door, the service scope is known and advertised. Annual goals are identified at the beginning of each year and the organisations performance and achievements are summarised at the end of each year.</p> <p>There is senior leadership commitment to the quality and risk management system. Their Māori health plan and associated policies have been developed with input from educational advisers. The provider has access to Māori health advisors from Te Whatu Ora Counties Manukau. Cultural assessments and care plans based on te whare tapa wha Maori model of care is available for residents who identify as Māori. Staff stated they focus on improving outcomes for all residents including Māori and people with disabilities. The nurse manager and deputy manager have both attended education in cultural safety, Te Tiriti O Waitangi and understand the principles of</p>

		<p>equity.</p> <p>The service holds contracts with Te Whatu Ora Counties Manukau for rest home and hospital geriatric aged care including medical/ palliative care and respite, and an agreement for long term support-chronic health care (LTS-CHC). On the days of audit there were 30 rest home residents and 20 hospital level care residents. Two of the hospital residents were under the LTS-CHC scheme and under the age of 65 years.</p> <p>Evidence related to the prospective provider</p> <p>Manukau Healthcare have a documented transition plan which outlines the processes required for change of ownership to their governance and management processes. This included timeframes and due diligence requirements. The company has proven experience in owning and operating aged care services in New Zealand for many years. Interview with the operations manager confirmed their knowledge and understanding of the contractual and sector responsibilities and requirements for the provision of aged care services. The prospective provider is aiming for a smooth transition after settlement. They stated an intention to not make any significant changes to the way the service operates including retaining the same staff numbers and hours. The prospective provider has policies and procedures in place to meet the requirements of the 2021 Ngā Paerewa health and disability standards.</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</p>	<p>FA</p>	<p>The organisation has a rudimentary quality and risk system. The quality plan, risk management plan and business recovery plan are lacking detail and process descriptions, yet the quality of care provided, consistently leads to excellent health outcomes for residents. For example, residents admitted as palliative, or with high dependency needs experience improvements in their overall health and wellbeing, restored mobility and independence. The nurse manager stated that residents do not develop pressure injuries because they are all washed/showered and dressed before 10am, all clinical and care staff have involvement with each resident's personal care, nutrition and hydration, socialization, maintaining the cleanliness</p>

<p>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>of their rooms and laundry items. Family members and the GP interviewed cited the level of care as exemplary. The prospective provider stated they will be introducing their quality management system which includes a full set of industry recognised policies and procedures for quality, risk, human resources and delivery of care which mitigates any future risk.</p> <p>The current provider has been recording an annual review of the organisation and its services and identifies quality improvement projects for each year. The record of staff meeting minutes demonstrate a risk management approach to resident care. The current policy set covers all necessary aspects of the service and contractual requirements and there was evidence that these were being reviewed annually.</p> <p>Service delivery monitoring comprises monthly collation of incidents and infections, resident satisfaction surveys, and feedback from families. Any service shortfalls identified are addressed through communication and verbal instructions to staff by the nurse manager. The nurse manager and deputy manager described their processes for identifying and reporting of risks, including health and safety risks. Risks are referred to the health and safety committee who discuss the issues and develop mitigation strategies.</p> <p>Residents, whānau and staff contribute to quality improvement through regular meetings and 1:1 surveys which solicit feedback.</p> <p>Staff document adverse and near miss events in line with their incident policy. The provider is not required to follow National Adverse Event Reporting Policy or submit event information to the health and safety quality committee. A sample of incidents forms reviewed showed these were clearly described including who was notified, vital signs and other immediate actions. There was evidence that incidents were used as learning opportunities. For example, where the cause of the incident was unknown, this was investigated and actions were taken to prevent recurrence. .</p> <p>The nurse manager understood and has complied with essential</p>
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		<p>notification reporting requirements. There have been no Section 31 notifications submitted since the previous audit. Population health were advised of Covid 19 positive cases in March and June 2022. This impacted a total of 15 residents who were reported as not becoming seriously unwell. Forty percent of the staff have tested positive since the beginning of the year but staff cover has not been compromised.</p> <p>Evidence related to the prospective provider:</p> <p>Manukau Healthcare Limited stated they have successfully implemented an industry recognised quality and risk management system in their other aged care facilities. Interview and the transition plan submitted show an undertaking to gradually introduce the same system at Lady Elizabeth Home and Hospital, which will ensure compliance with these standards.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Rosters from the past two months show that there is at least one RN on site for every morning, evening and night shift. The morning and evening RN are supported by an enrolled nurse or a senior care giver who is assessed as competent with medicines administration. Morning shifts are additionally staffed by 13 care staff, two of whom are allocated each day to resident activities. All care staff carry out cleaning and laundry duties on site seven days a week. The evening shift has five caregivers and three caregivers are allocated for night shifts. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift, on the weekly work plan. The plan allocates responsibility for up to five residents to each caregiver in the morning and ten residents in the evening. The RN and EN on each shift are also allocated residents. One caregiver makes beds</p>

	<p>and provides additional assistance to residents. Specific cleaning duties are allocated across six caregivers each day, for example dusting and polishing or vacuuming, all bathrooms and commodes. Four other caregivers are responsible for cleaning residents hand basins, emptying bins and toileting each resident. There are also allocated breakfast and lunch assistants, morning tea and fluid round duties.</p> <p>All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included Covid 19 (donning and doffing of PPE, and standard infection control precautions) resident rights, continence management, manual handling, safe medicines management, complaints, communication, compassion, health and safety and emergency preparedness including reporting and management of incident. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Of the 31 caregivers employed, 16 have achieved level 4 of the national certificate in health and wellness.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. The senior RN is validated as a preceptor and provides support, education and feedback to nursing students on placement at the facility. Nursing students who were on site during the audit, commented that they really enjoyed their placement and had gained valuable insights and skills from their time at Lady Elizabeth Home.</p> <p>Each of the staff members interviewed reported feeling well supported and safe in the workplace.</p> <p>The nurse manager stated that using a person centred approach</p>
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		<p>ensures that all residents are treated equitably.</p> <p>Evidence related to the prospective provider</p> <p>Manukau Healthcare Limited stated they has no intention to change any key personnel after takeover. Their current operations manager will be on site as the nurse manager initially. This person is suitably qualified as a registered nurse and has been working in the aged care sector since 2004. The directors and senior leadership team know and understand the requirements for rest home and hospital staffing based on the way they organise and manage the three other facilities under their ownership. Their transition plan describes timeframes and actions for developing an annual staff training plan which includes ensuring all staff have cultural competencies, and other essential skills and knowledge for example, in infection control, safe administration of medicines, first aid and restraint minimisation.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All incoming staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. The caregiver's job description includes duties for activities, cleaning and laundry duties. There is a separate folder with copies of all RNs, ENs, and GP, dispensing pharmacists, physiotherapist and occupational therapists current practicing certificates from their regulatory bodies.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment including management of emergencies.</p> <p>Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>The ethnic origin for each staff member is documented on their</p>

		<p>personnel records and used in line with health information standards.</p> <p>Evidence related to the prospective provider.</p> <p>Manukau Healthcare Limited stated they currently adhere to their documented policies and procedures for recruitment and employment practices which meet legislative requirements. Their transition plan and risk management plan include processes related to developing and retaining a skilled workforce, and ensuring that only suitable staff are recruited.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are held both electronically and paper-based. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting GP and allied health providers also document as required in the residents' records. All hard copies are kept securely locked in cupboards. Hard copy current and old records are stored safely and securely on-site. There is an effective system for retrieving both hard copies and electronically stored resident records.</p> <p>All records sampled were legible, including the time and date, and designation of the writer. Progress notes were documented on each shift and these were individualised. There is a consent process for data collection. Records sampled were integrated. The manager reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Lady Elizabeth is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	FA	<p>The admission policy for the management of inquiries and entry to Lady Elizabeth is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and</p>

<p>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>referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents requiring, hospital, rest home, young people with disability (YPD) and long-term support -chronic health (LTS-CHC), level of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. The senior RN reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential in locked cupboards. EPOA/family/whānau were updated where there was a delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and EPOA/family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The nurse manager and senior RN reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. Consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents and staff members who identified as Māori at the time of audit.</p> <p>The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented. The service is also actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports</p>	<p>FA</p>	<p>The residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values,</p>

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>and beliefs. Resident's care is undertaken by appropriately trained and skilled staff that include the nurse manager, enrolled nurses, registered nurses, senior RN and care staff. Cultural assessments were completed by the senior RN who has completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement are encouraged.</p> <p>InterRAI assessments were completed within 21 days following admission and this was based on the staff's observation of the residents during care delivery.</p> <p>Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. All outcome scores are considered in the development of care plan goals and interventions. Documented detailed strategies to maintain and promote the residents' independent well-being were sighted.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GP visits the service once a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and reviews were completed within the required time frames. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings</p>
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		<p>were completed annually.</p> <p>The senior RN reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, nurse manager, registered nurses, senior RN, nursing team, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whanau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the senior RN and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent Tangata whaikaha and whānau from independently accessing information or services would be identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whanau.</p>
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<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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the deputy manager with help from other two activities assistants and volunteers. The programme runs from Monday to Friday with weekends reserved for family/ whānau visits and church services. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile detailing their life history is completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the activities coordinators in consultation with the nurse manager, senior RN, EPOA/whānau /family, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, YPD and LTS-CH level of care. Residents assessed as requiring YPD are involved in activities of their choice, this was confirmed in interviews conducted and have access to wifi when required.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau /family and friends. Residents' activities and care plans were evaluated every six months or when there was any significant change. Van trips are encouraged with EPOA/whānau /family except under Covid-19 national restrictions.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals. The deputy manager reported that all theme days are celebrated.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over the counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The senior RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medicines. There is a self-medication policy in place, and this was sighted. There were no</p>
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		<p>standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The senior RN reiterated that residents and family/whānau will be health educated on medications and GP informed. There were no residents who identify as Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. Meal services are prepared onsite. There was an approved food control plan which expires on 24 April 2023. The menu was reviewed by a registered dietitian in December 2020. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded and records were sighted.</p> <p>EPOA/whānau/family and residents interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures when required. This includes menu options which are culturally specific to te ao Māori.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The senior RN reported that discharges are normally into other similar facilities. Discharges are overseen by the nursing team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness with expiry dated 02 August 2023 is on display at the entrance to the facility. Electrical testing and tagging of all plug in electrical devices is conducted by a registered electrician. This last occurred in May 2022.</p> <p>A medical supply company carries out annual checks on the safety and functioning of all 55 hospital beds, the aspirator, air mattress pump, two hoists, the nebuliser, two oxygen concentrators, pulse oximeters, thermometers, scales and sphygmomanometers. Documents confirmed the most recent check occurred on 04 May</p>

<p>belonging, independence, interaction, and function.</p>		<p>2022.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. All areas (except bathrooms) are carpeted, wide corridors with appropriate height hand rails are fixed to the walls. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There is an adequate number of accessible bathroom and toilet facilities located throughout the facility. For example, 16 toilets and eight bathrooms for a maximum 55 residents. All bedrooms have hand basins. One bedroom has an ensuite bathroom. Hot water temperature checks occur monthly. Records of these confirmed temperatures are at or below 45 degrees Celsius. If the temperature is higher, a plumber is called in to investigate.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings.</p> <p>The prospective provider confirmed they had no plans to make changes to the physical environment.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Records of staff training on emergency procedures confirmed that education is ongoing. A new staff member said they had been informed about emergency processes during their orientation.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service originally on 23 July 2008 and was confirmed as requiring a change on 17 April 2014 after building works. The building is fitted throughout with fire sprinklers and smoke detectors, a fire blanket is in the kitchen and fire hydrants are located at strategic points. An external company conducts monthly inspections of fire suppression systems. Another company reviews and reports on the overall fire</p>

		<p>system annually, which last occurred 28 February 2022. Trial fire evacuations are carried out every six months. The last drill occurred on 14 July 2022 with an evacuation report submitted to Fire and Emergency New Zealand on the same day. Residents were familiar with emergency and security arrangements.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. There is a 60 amp generator on site and additional water supply tanks.</p> <p>Call bells alert staff to residents requiring assistance. The system was upgraded in January 2021. Residents and whānau reported staff respond promptly to call bells and this was observed on site. Appropriate security arrangements are in place. Staff lock all the doors and windows at dusk. There have been no reported security situations.</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 infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service, and has been developed and approved by the owner/nurse manager. The programme is reviewed yearly. All infections are linked to the quality improvement system. These are reported in the monthly trending report and minutes of the RN meetings recorded details about all residents with suspected or confirmed infections. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the owner.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Evidence related to the Prospective Provider</p>

		<p>A representative from the incoming organisation confirmed that the organisation has a documented IP and AMS programme and systems for the review and implementation of this. The prevention of infections and risks associated with pandemics and infections are clearly documented in the risk management plan submitted for review. The prospective provider is familiar with the local area and has established relationships with other health providers including IP personnel from Te Whatu Ora Counties Manukau who can be utilized for expert advice.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the manager. The deputy manager is appointed as the infection prevention and control coordinator (IPCC) with support from the senior RN. A position description for the IPCC was in place.</p> <p>The service has guidelines to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There was a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring records, depending on alert levels by the MoH, were documented. COVID-19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on-site. There were two exposure events due to Covid-19 in March 2022, and June 2022, a total of 30 residents were affected. Both events were managed according to policy. The facility was closed to the public, with GP, EPOA/whānau /family, residents, and relevant authorities notified promptly. Documented evidence of meetings with Te Whatu Ora - Health New Zealand Counties, staff, and EPOA/whānau/family</p>

		<p>notifications was sighted.</p> <p>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed, and all corrective actions are documented, as verified.</p> <p>The service has documented policies and procedures in place that reflected current best practices but not all have been reviewed as required. Policies and procedures are accessible and available for staff. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. The deputy manager reported they work in consultation with the nurse manager, senior RN, GP and Te Whatu Ora-Health New Zealand Counties Manukau IP focal person in procurement processes for equipment, devices and consumables. The nurse manager reported that there were systems and processes in place for early consultation with the IP personnel in the event of any new building or when significant changes are proposed to an existing facility.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the nurse manager, senior RN or other external facilitators. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The IPPC and senior RN completed various infection prevention and control training online, such as hand hygiene, pandemic planning, outbreak training, donning and doffing PPE. In interview conducted the deputy manager and senior RN reported that single-use medical devices are not re-used at the service.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring</p>
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		that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Lady Elizabeth is committed to responsible use of antimicrobials. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The deputy manager and senior RN are responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. Infection control team has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and health and safety quality meetings. Infection data is compiled, documented, and reported to the care home manager and the regional officer. All monthly infection control reports, infection control surveillance, and yearly infection control report were sighted. Infection control audits were completed, and corrective actions implemented.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident has an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working towards ensuring surveillance of healthcare-associated infections includes ethnicity data.</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>The policy describes safe and appropriate storage and disposal of waste, and infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. All staff interviewed demonstrated awareness of safe and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site, or by family members if requested, in the well-equipped laundry which has a clear separation of clean and dirty areas. The resident and family/ whānau interviewed expressed satisfaction with the laundry management and reported that the clothes are returned promptly. There are designated laundry staff and cleaning is conducted by care staff. All have received appropriate annual training in chemical safety and infection control, including COVID-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There are cleaning rooms where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to COVID-19. The residents and family members interviewed reported that the environment was clean. The care staff demonstrated a sound knowledge of the laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Lady Elizabeth has not used a restraint for three years and is committed to maintaining a restraint free environment. There were no</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>restraint interventions in place at the time of audit. Consent forms, assessment documents and monitoring records are available in the event that restraint is required. Whānau/EPOA would always be involved in decision making.</p> <p>The restraint policy and associated procedures meet the requirements of the standards. The nurse manager is the designated restraint coordinator and provides support and oversight for the prevention of and if necessary, management of restraint. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Those interviewed confirmed their understanding and knowledge about use of restraint and that this is as a last resort when all alternatives have been explored.</p> <p>A restraint approval group who were responsible for the approval of the use of restraints and the restraint processes, has been discontinued. Alternatives to restraint, behaviours that challenge and residents who are a high falls risk are discussed at the monthly health and safety meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.