

Alexandra Care Limited - Alexandra Rest Home

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 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: Alexandra Care Limited

Premises audited: Alexandra Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 October 2022 End date: 14 October 2022

Proposed changes to current services (if any): This provisional audit was completed to assess the suitability and preparedness of the prospective owners.

Total beds occupied across all premises included in the audit on the first day of the audit: 42

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 haumaruru | 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

Alexandra House is certified to provide rest home level of care for up to 45 residents. There were 42 residents on the days of audit. This provisional audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contract with Te Whatu Ora / Health New Zealand.

The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with prospective owner, residents, family, managers, staff, and a nurse practitioner.

The owners/managers and care manager are appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and family was very 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.

Areas identified for improvement are in relation to the employment of a suitably qualified manager prior to the take over and medication management.

Ō tatou motika | Our rights

Alexandra House 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. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. Managers and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

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

The 2022 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Data is collected in relation to any complaints, accidents, incidents, and infections. Progress is monitored via internal audits and the collation of clinical indicator data. Corrective actions are implemented where opportunities for improvements are identified. Quality data and results are shared in the monthly quality and staff meetings. Results are also posted in the staffroom.

A health and safety programme is being implemented. The administrator is the designated health and safety officer. Hazards are identified with appropriate interventions implemented. Health and safety is discussed in staff meetings.

There is a staffing and rostering policy. Safe staffing levels were evident with a minimum of one registered nurse available on site seven days a week. An RN is on call for cover when not available on site. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. Human resources are managed in

accordance with good employment practice. An orientation programme is implemented, and a staff education/training programme is in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

The care manager and the registered nurses efficiently manage entry processes. The nurses assess, plan and review residents' needs, outcomes, and goals. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. Medicine charts were reviewed at least three-monthly by the general practitioner.

The activities coordinator provides and implements an interesting and varied activity programme which includes resident-initiated activities in line with the service model of care. The programme includes outings, entertainment and meaningful activities as detailed in the individual activity plans created for each resident.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. A current food control plan is in place. The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

All referrals, transfers and discharges are well planned and coordinated in partnership with resident and relatives.

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

There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security lights are installed internally and externally throughout the facility.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are conveniently located. Systems and supplies are in place for essential, emergency and security services. Testing, tagging, and calibration is completed as required. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system with timely response times.

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

The implemented infection prevention control and antimicrobial stewardship programme is appropriate to the size and complexity of the service. The care manager leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Antimicrobial usage is monitored.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Here taratahi | Restraint and seclusion

The restraint coordinator is the care manager. There were no residents using restraint at the time of the audit. Maintaining a restraint-free environment is included in the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	25	0	2	0	0	0
Criteria	0	165	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated cultural policies are documented for the service. The service has adopted the Te Whare Tapu Whā models of care. As a key element of cultural awareness, safety, and competency, Alexandra House acknowledges and is committed to the unique place of Māori under the Treaty of 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.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Key relationships with Māori are in place. Cultural advice is available through a variety of Māori agencies. The facility actively works with Whānau Care services. They have facilitated a hui that included Whānau Care services, the Ministry of Social Development, and Kahungunu Whānau services to support their residents into safe environments and to support the residents’ cultural and physical</p>

		<p>needs. They have also supported residents through Oranga Tamariki. A kapa haka group has recently performed for the residents and was commented by the residents interviewed as being very good. Twice a day, all residents are asked to participate in a group waiata (song). Song sheets are provided and one of the managers leads the singing with words televised for all to see. The auditors were included in the waiata during the audit. Interviews with Māori residents and whānau confirmed that their cultural needs are being met by the service. Whānau stated that they have input into the care plan.</p> <p>All staff and managers/owners have completed cultural training including Te Tiriti of Waitangi training. This training takes place during staff orientation and continues as a regular in-service topic. Te Tiriti of Waitangi training covers how the principles of partnership, protection and participation are enacted in the work with residents. Staff members' cultural expertise is monitored through cultural competency assessments.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members through connections in the community and through staff currently employed. At the time of the audit there were a significant number of Māori staff members employed. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. This was evidenced in interviews with six residents and one family member. Five care staff (one care manager (RN), three caregivers, one activities coordinator) described how the delivery of care is based on each resident's values and beliefs.</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</p>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pacific culture. The Pacific health plan has had input from the Pasifika community and staff. The plan addresses equity of access, reflecting the needs of Pasifika, collaboration with</p>

<p>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>spiritual leaders and operating in ways that are culturally safe. The service supports their Pasifika residents' values and beliefs, which includes family and consultation with the Pasifika community. Training in relation to the Pacific health plan has been provided to staff.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pasifika residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. Staff have organised a Pasifika young women's group to entertain residents with a Pasifika theme.</p> <p>Interviews with two owners/managers, one prospective owner, five care staff, one chef and one cleaning/laundry staff confirmed the service puts people using the services and the local 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>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. One of the owners/managers or the care manager/RN discuss aspects of the Code with residents and their family on admission. Residents or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment. Each resident room contains brochures on resident rights (eg, informed consent, privacy, complaints forms). These brochures are located in a visible location adjacent to their door. Interviews with residents confirmed their understanding of their rights.</p>

		<p>Discussions relating to the Code are held during the monthly resident 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 is available to residents at the entrance and in the entry pack of information that is provided. There are links to spiritual supports.</p> <p>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 with contact details included on the complaints form. One complaint lodged included accessing HDC Advocacy to support the complainant through the complaints process.</p> <p>The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in the Māori health plan and through interviews with the owners/managers.</p> <p>The prospective owner interviewed knows and understands the Code and it must be adhered to; as evidenced through interview and documentation.</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</p>	<p>FA</p>	<p>Care staff 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. Residents also have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family satisfaction survey results, both completed in 2022, confirm that residents are treated with respect. This was also</p>

<p>experiences.</p>		<p>confirmed during interviews with residents and family.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Sexuality and intimacy are addressed in the resident's care plan and is provided as an annual education topic on Altura.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Seven residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage is evident throughout the facility and promoted.</p> <p>Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & 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. Alexandra House policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and the celebration of cultural days acknowledge cultural diversity. A code of conduct is discussed with staff during their induction to the service and addresses the service's zero tolerance to harassment, racism, and bullying. This document is signed and held in their employee file.</p> <p>Staff are educated on how to value the older person, showing them respect and dignity. The residents and family interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The</p>

		<p>service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the care manager and staff confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate 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>Information is provided to residents/family on admission. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. One family member interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on the 15 accident incident forms reviewed.</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 were no residents who were unable to speak or understand English.</p> <p>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 delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to the range of services available. Health professionals involved with the residents may include specialist services (eg,</p>

		geriatric nurse specialist, mental health team). The care manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.
<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>There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and the relative interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relative confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. One of the owners/managers is responsible for maintaining the complaints register. There was one complaint lodged in 2021 and one in 2022 (year-to-date). One external complaint sent to HDC (27 January 2021) was referred by HDC to HDC advocacy who supported the resident through the complaint process. A full investigation was completed and was signed off by the resident and HDC advocate within timeframes determined by HDC. No other external complaints have been lodged. The internal complaint lodged in 2022 (year-to-date) included a full investigation and has been resolved. One corrective action implemented in relation to this complaint was providing staff with additional training on end-of-life</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>care.</p> <p>Discussions with residents and family 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 can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The managers have an open-door policy and encourage residents and family to discuss any concerns. This was observed during the audit.</p> <p>The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged. The prospective owner understands the complaints process as determined by HDC.</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>Alexandra House, located in Newtown, Wellington provides rest home level of care for up to 45 residents. On the days of the audit, there were 42 residents. One resident was on a young person with a disability (YPD) contract, eight were on a long-term support– chronic health conditions (LTS-CHC) contract, one resident was on respite and one resident was on an individually funded mental health contract. The remaining residents were under the age-related residential care contract (ARRC).</p> <p>The facility was purchased 11 years ago. The owners/managers also own and manage a rest home/dementia level facility located in Masterton. The owners/managers are supported by a care manager/registered nurse (RN) who has been in her role since 2013. The owners/managers are on site Monday – Friday. Both actively engage with residents and staff as evidenced through observations and interviews.</p> <p>The managers interviewed confirmed that they have undertaken cultural training and can demonstrate expertise in Te Tiriti, health equity, and cultural safety. The identification of barriers with implemented strategies are identified in the business plan and Māori</p>

		<p>health plan. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The business plan was last updated on 15 December 2021. Measurable goals and objectives are identified. These goals are regularly reviewed, evidenced in the monthly quality meetings and monthly staff meeting minutes. Clinical governance is the responsibility of the care manager/RN and two staff RNs. This includes (but is not limited to) the review of clinical risk.</p> <p>The managers confirmed that they attend over eight hours of professional development per year relating to their role and responsibilities.</p> <p>The prospective owners are based in Wellington. They own and operate two other aged care facilities. One is a 70-bed rest home/hospital facility in Lower Hutt that they purchased four years ago, and the second facility is a 52-bed rest home/hospital facility located in Wellington that they purchased two years ago. The second facility is near Alexandra House. Both owners are non-clinical. They have an established and implemented organisational structure in place.</p> <p>A transition plan has been developed and documented. The current owners/managers at Alexandra House have notified staff, residents, and families about the pending sale of Alexandra House. Payroll and accounting systems will be set up the week prior to the settlement. Suppliers will be notified the week of settlement.</p> <p>The prospective owners plan to utilise the existing Alexandra House policies and procedures. They will consider moving to the same policies used at their other aged care facilities but only after careful consideration has been given. They plan to keep current staff and staffing levels, although they do recognise that a new manager will need to be employed to replace the current owners/managers. A job description for this position will be developed. The settlement date is scheduled for 20 November 2022. The owners/managers at</p>
--	--	---

		<p>Alexandra House have agreed to remain in their positions for a month (or longer if needed) after the settlement date to ease with the transition.</p> <p>The prospective owners have applied for registration for aged care facilities with HealthCERT.</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>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 and reflect that they have been updated to meet the Ngā Paerewa Health and Disability Services Standards 2021. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Alexandra House has implemented quality and risk management systems that are reviewed at defined and regular intervals utilising a health equity and quality lens approach. The identification of potential barriers and strategies to address these barriers are identified. Performance monitoring occurs through internal audits and through the collection and collation of clinical indicator data (eg, falls, absconding, infections, pressure injuries). Resident and family surveys are completed annually. The analysis of data indicates a health equity approach to care of the residents. Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are shared in the quality, resident, and staff meetings. Family communication is primarily through email communication due to low visitor numbers.</p> <p>A health and safety system is being implemented. The administrator is the health and safety officer and has attended health and safety training. There are regular manual handling training sessions for staff. Hazard identification forms and an up-to-date hazard register are in place. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at the quality and staff</p>

		<p>meetings. In the event of a staff accident or incident, a debrief process is discussed.</p> <p>Staff wellbeing programmes include offering employees counselling services, maintaining an 'open-door' relationship with managers, and celebrating holidays as a group. Staff commented that they celebrate the cultural diversity of staff and residents through food and dress. Staff interviews confirmed that they feel supported by the managers. Staff turnover is reported as low.</p> <p>Staff's cultural competency is assessed to ensure a high-quality service is provided for Māori. Training in relation to Māori and the Treaty of Waitangi, and associated competencies have been implemented.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. This includes (but is not limited to) developing strategies to address the specific needs of individual residents and implementing intentional rounding for residents at risk. Staff handovers include discussions on residents who have had a recent fall.</p> <p>Accident/incident reports are completed for adverse events, evidenced in 15 accident/incident forms reviewed (witnessed and unwitnessed falls, absconding). Incident and accident data is collated monthly and analysed. Each event involving a resident reflects an assessment and follow up by an RN, although neurological observations were not being completed as per policy (link 3.2.4).</p> <p>Discussions with the managers evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT in relation to a coroner's inquest (1 January 2021), a pressure injury (21 October 2021) and a missing person (10 March 2022). Te Whatu Ora – Health New Zealand and public health authorities were notified in relation to two Covid outbreaks.</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>A service provision policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff, residents and families confirm that staffing is adequate to meet the needs of the residents. Agency staff has been used only twice in eleven years. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The owners/managers and care manager/RN are available (full time) Monday to Friday. Plans are underway to appoint a new manager to replace the current owners/managers (link 2.1.3). The care manager is supported by two staff RNS. One RN works Mondays, Wednesdays, and Sundays and one RN works Tuesday and Saturdays. This provides on-site RN cover seven days a week. The on-call roster is shared between the three RNs. The prospective owner does not plan to make any changes to the RN roster.</p> <p>Occupancy at the time of the audit was 42. Two long shift caregivers (0700 - 1530) and two short shift caregivers (0700 – 1300; 0830 – 1200) cover the AM shift, two long shift caregivers and one short shift caregiver (1630 – 2015) cover the PM shift, and two caregivers covers the night shift. The prospective owner does not plan to make any changes to the caregiver roster.</p> <p>Job interviews ensure applicants have the necessary skills, attitudes, qualifications, experience, and attributes for the services being delivered. Job descriptions reflect the expected positive behaviours and values, and responsibilities required.</p> <p>There is an annual education and training schedule being implemented. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities,</p>

		<p>and health equity. The education and training schedule reflects staff attending mandatory topics (presented through an online training programme). Education is completed in three-hour blocks (three times per year) and includes video presentations, group discussions and competency assessments. Staff are rostered to attend with over 80% attendance rates. In addition to online training, training is provided in relation to Te Tiriti O Waitangi, fire safety, medication management (including competency assessment, and chemical safety. The prospective owner interviewed is aware of the educational requirements for staff.</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and cultural competency assessments.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of fourteen caregivers, four have achieved their level three qualification and one their level four qualification. Caregiver staff turnover is very low. Two caregivers interviewed have worked at Alexandra House for over 20 years. There is a minimum of one first aid trained staff available 24/7.</p> <p>Two of three RNs have completed interRAI training. RN training opportunities are provided through Te Whatu Ora – Health New Zealand, hospice, the nurse practitioner (who regularly visits the facility) and online training (eg, University of Tasmania).</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the owners/managers office. Six staff files reviewed (one caregiver, one activity coordinator, one cleaner, one administrator, one care manager/RN, one cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to</p>

<p>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>be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals (RN, GP, nurse practitioner, pharmacy, podiatrist). All staff undergo their initial appraisal following three months of employment. This is followed by annual performance appraisals.</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 and are repeated annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Archived records are stored securely on site for a minimum of 10 years. Electronic information is backed up using cloud-based technology. All electronic information is individually password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider.</p> <p>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.</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. The admission agreement aligns with all contractual requirements. Exclusions from the service are included in the revised admission agreement and in the information pack.</p> <p>The 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 care manager is available to answer any questions regarding the admission process. The service communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form, on the lifestyle profile and in an admission and decline register. The facility has the ability to identify entry and decline rates for Māori. The care manager reports they have established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>There are policies in place which guide staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review of care plans.</p> <p>Seven resident rest home files were reviewed (three ARRC contract, one on an individual funding mental health contract, one on a long-term support- chronic health contract (LTS-CHC), one resident on a younger person with a disability (YPD) and one respite contract). The RNs are responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau, where appropriate</p>

	<p>with resident's consent. Risk assessments are conducted on admission relating to falls, pressure injury, continence, and nutrition. A cultural assessment has been implemented.</p> <p>InterRAI assessments were completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, observation and the NASC assessments served as a basis for care planning. Residents' and family/whānau representatives of choice or EPOAs were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The long-term care plan includes sections on mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognitive function, behaviours, cultural, spiritual, sexuality, and activities. The long-term care plans sampled identified residents' strengths, goals and aspirations aligned with their values and beliefs. The care plan documented strategies to maintain and promote the residents' independence and activities of daily living, however not all care plans provided the caregivers with sufficient information to meet all care needs.</p> <p>All residents had been assessed by the previous contracted general practitioner (GP) or the current nurse practitioner (NP) within five working days of admission. The NP reviews the residents at least three-monthly or earlier if required. General practitioners from the NP's medical centre provide medical oversight when required. Weekend and after hours on-call cover is provided by the nurse practitioner. The NP (interviewed) commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist when required. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse</p>
--	---

		<p>are available as required.</p> <p>The Māori Health plan and cultural safety policy supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The staff confirmed they understood the process to support residents and whānau. Residents who identified as Māori confirmed satisfaction with the processes in place. Cultural information for a resident who identified as Māori included the person's iwi, information relating to the whānau and other important aspects for the resident. The care plans sampled evidenced partnership and participation of tāngata whaikaha and whānau in planning their care and making decisions over their support. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these were documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>A handover at the beginning of the afternoon shift was observed and confirmed caregivers were provided with a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the RN, as confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions such as infections, weight loss, and medication changes. Short-term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations. The progress notes and incident forms reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, NP visits, medication changes and any changes to health status. This was confirmed through the interview of family members. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local needs assessment service coordination (NASC) team for reassessment of level of care.</p> <p>The service maintains a wound register. Eight wound records were</p>
--	--	--

		<p>reviewed for six residents (skin tears, skin conditions, abrasions, blisters and one grade I pressure injury). Documentation for wound assessments, management and evaluations were not always fully documented as per policy. There is access to wound expertise from the registered nurses from Te Whatu Ora. The care manager (interviewed) and visual checks confirmed there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Care staff complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels and toileting regime. Monitoring charts were completed as scheduled, however, not all monitoring charts were completed as instructed in the care plans.</p> <p>A range of equipment and resources were available, suited to rest home level care. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes. Residents interviewed were complimentary of the care received and reported their needs and expectations were being met.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator provides the activities programme. The activities programme covers five days a week. Each resident is provided with a weekly activities programme and copies are also posted on noticeboards around the facility. The activities coordinator reminds and invites residents each day to activities on schedule. The activities coordinator has been recently employed in the role and is in the process of enrolling in diversional therapy course training.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social history assessment form that is completed with input from residents and family/whānau. Each resident has an individualised activity plan documented which is reviewed at least six-monthly in line with care plan reviews.</p> <p>The activities programme is regularly reviewed through satisfaction</p>

		<p>surveys, individual resident feedback, and resident meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Individual, group activities and regular events are offered. The activities programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities programme includes exercises, van trips, puzzles, walks, happy hour, kapa haka performances from local schools, and birthday celebrations. Monthly themes and international days are celebrated. Cultural events celebrated include Matariki Day, Māori language week and multicultural day events are celebrated. A waiata is sung each morning as part of the daily programme. Daily activities attendance records were maintained.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Younger residents are supported to access community events and have the independence of going out on their own as desired. This was observed on the days of the audit. Residents and family/whānau interviewed confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to 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>PA Low</p>	<p>The electronic medicine management system implemented is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. A senior caregiver was interviewed and observed regarding the safe administration of medicines. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency. Regular medication management education was completed. All staff who administer medications have completed annual competencies and</p>

		<p>training. Annual competencies are completed for staff who act as second checkers. The pharmacy has provided services to Alexandra Rest Home for many years and there is an agreement in place.</p> <p>Medicines were prescribed by the GP or NP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. The care manager stated that over the counter medication and supplements are reviewed by the GP or NP and documented on the medicine charts where required. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Standing orders are not used. There were no vaccines stored on site.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely in a locked cupboard. Medication reconciliation is conducted by the RNs when regular medicine packs are received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge sampled were within the recommended range. Opened eyedrops were dated. The service has not recorded the temperature of the cupboard of the room where medications are stored.</p> <p>The care manager stated that residents, including Māori residents and their whānau, are supported to understand their medications when required. The care manager reported that when requested by Māori, appropriate support for Māori treatment and advice is provided in consultation with the NP.</p> <p>There was one resident self-administering medicines on the days of the audit. Appropriate processes including a three-monthly competency were in place to ensure this was managed in a safe</p>
--	--	---

		<p>manner.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented.</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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional profile is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary profiles were available in the kitchen folder, however not all profiles had been updated as required (link 3.2.4).</p> <p>The food is prepared on-site by the chef and is in line with recognised nutritional guidelines for older people. The spacious kitchen is situated downstairs, and meals are delivered to residents in the dining room in bain-marie containers via a service lift. The chef is assisted by the kitchen hands who have received required food safety training. The menu follows summer and winter patterns in an eight-weekly cycle and was last reviewed by a qualified dietitian in August 2022. The food is served in directly to the dining room.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Wellington City Council. The current food control plan will expire on 1 March 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation</p>

		<p>and serving.</p> <p>Resident's weight was monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The chef stated that if any residents request for culturally specific food including menu options culturally specific to te ao Māori, this is offered as requested. Whānau are welcome to bring culturally specific food for their relatives. One resident interviewed who identified as Māori expressed satisfaction with the food.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Confirmation of residents' satisfaction with meals was verified during resident interviews.</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 transfer and discharge policy to guide staff on transfer, exit and discharge processes. Transfers and discharges are managed by the RNs and the care manager in consultation with the resident, their family/whānau and the GP. For residents who are transferred to acute services, a 'yellow envelope' system is used. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer of discharge process. The care manager reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The discharge plans sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was</p>

		<p>completed. Upon discharge, any resident's paper-based information is collated, and stored in a locked cupboard in a secure area and the resident is discharged from the electronic medication management system. If resident's information is required subsequently by the GP or a service, a written request is required for the file to be transferred.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, including to the mental health team, dental and eye specialists. The resident and the family were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews.</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 building holds a current warrant of fitness which expires 25 June 2023. The maintenance person works eight hours a week and supports the owner/manager who oversees the maintenance programme. 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 an annual preventative maintenance plan documented and implemented. Hot water temperatures are checked by the facility manager and are consistently documented at 45 degrees. Essential contractors/tradespeople are available 24/7 as required. Testing and tagging of electrical equipment was last completed in April 2021. The 'Welcome to Alexandra Rest Home' documentation requires new residents to provide evidence of electrical checks for equipment they bring with them.</p> <p>The maintenance role includes maintenance of the gardens and grounds. The corridors are suitable for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate</p>

		<p>equipment to safely deliver care for rest home level of care residents.</p> <p>Five resident rooms have shared toilet ensuites with privacy locks. Three rooms have individual toilet ensuites and all other rooms have hand basin ensuites. There are communal bathrooms/showers located close to the resident rooms within the facility with privacy signage. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There are sufficient communal toilets situated in the vicinity of the lounge and dining room. A toilet near the main lounge is available for visitors.</p> <p>All rooms are single occupancy.</p> <p>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 to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>The kitchen and laundry are located downstairs, and stair access is pin protected to prevent unauthorised access. Laundry is sluiced upstairs, and soiled linen is transported to the laundry via a centrally located chute. The service lift is used to transport clean linen in trolley baskets upstairs.</p> <p>The dining room is adjacent to the lounge. The lounge is open plan with doors that lead to a courtyard garden with outdoor seating and shade. There is a small conservatory off the main lounge with a selection of games and reading books. A smaller lounge is located close to the reception area. There is safe access to the courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access. All bedrooms and communal areas have sufficient natural light and ventilation.</p> <p>There is electric wall heating (thermostat controlled and individually adjusted) in resident rooms, corridors, bathrooms, and all communal areas. Since the last audit, the service has repainted the exterior, refurbished toilets including replacing some with disabled height pans</p>
--	--	--

		<p>and replaced vinyl in some areas. The prospective owners are not planning to build or change the structure of the facility, however, advised they would consult with Māori if they were.</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 that include a pandemic plan outline 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.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the most recent drill taking place on 29 September 2022. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified location and is regularly checked. In the event of a power outage, gas cooking is available. There are adequate water and food supplies in the event of a civil defence emergency. Emergency management is included in staff orientation and external contractor orientation.</p> <p>There is a first aid trained staff member available 24/7.</p> <p>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 proximity to their current position. Residents and family interviewed confirmed that call bells are answered in a timely manner. The prospective owner interviewed confirmed that he plans to upgrade the current call bell system.</p> <p>The building is secured after hours. 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 infection prevention and control programme and antimicrobial stewardship (AMS) programme is linked to the quality improvement programme that is reviewed and reported on annually. The care manager reported that they have full support from the facility manager with regard to infection prevention matters. This includes time, resources, and training. A monthly quality assurance meeting discusses infections in detail and reviews trends. A six-monthly infection control meeting which includes representatives from each department discusses the programme trends, outbreak management and debrief on management strategies. Monthly staff meetings include discussions regarding any residents of concerns, including any infections.</p> <p>Significant infection control events are managed through the incident/accident process and filter through into the risk management and quality surveillance process. The local Te Whatu Ora and the facility's NP are available should advice be needed on infection control or AMS concerns. Additional support and information are accessed from the community laboratory and public health unit, as required.</p> <p>The infection control policies have been developed by registered nurses who have been employed by the facility manager to update and review existing policies. The updated policies reflected the requirements of the standard and are based on current accepted good practice; policies include AMS requirements. Cultural advice is accessed where appropriate. Staff were familiar with policies and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</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.</p>	<p>FA</p>	<p>The care manager is the infection prevention coordinator. The care manager is responsible for overseeing and implementing the infection control programme with reporting lines to the facility managers. The infection prevention coordinator role, responsibilities and reporting requirements are defined in their job description. The care manager has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The infection control</p>

<p>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>programme was last reviewed in April 2022.</p> <p>The care manager has appropriate skills, knowledge, and qualifications for the role. The care manager has attended education through Te Whatu Ora on infection prevention and online regarding sepsis management and Covid -19 pandemic, as verified in training records. Staff have received education around infection control at orientation and through ongoing annual education sessions. Education is provided by the care manager and an online education system. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled.</p> <p>The care manager has input into other related clinical policies that impact on health care associated infection (HAI) risk and liaises with the facility manager on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora.</p> <p>Medical reusable devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination policy to guide staff. Hand hygiene, staff practice, and cleaning audits are completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The Māori health plan in use has guidance to practices regarded as tapu by Māori and are applicable to the infection control programme. For example,</p>
---	--	--

		<p>kitchen sinks/tubs are not to be used for personal items (clothes) and towels used for the perineum cannot be used for the face. The RN reported that residents who identify as Māori will be consulted on infection control requirements as needed. During interviews, staff understood these requirements. The clinical manager has access to educational resources in te reo. The prospective owners are not planning significant changes to the existing facility, but advised if they were, they would seek clinical input.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The implemented Antimicrobial Stewardship (AMS) programme is appropriate for the size, scope and complexity of the service and has been approved by the governance body. The Antimicrobial Stewardship policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity). Responsible use of antimicrobials is promoted.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring the quantity of antimicrobial prescribing, administration, and occurrence of adverse effects. Monthly statistics were collated and recorded on monthly analysis of antibiotics used.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory including Covid-19 and any identified multidrug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The surveillance data does not yet include ethnicity data.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at monthly meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for increase or</p>

		<p>decrease and action advised.</p> <p>Residents were advised of any infections identified, as were family/whānau where required. This was confirmed in short-term care plans sampled and verified in interviews with residents and family/whānau.</p> <p>There have been two Covid-19 outbreaks since the previous audit (April and September 2022). Both outbreaks were well documented, and notifications were made appropriately. During interviews, the residents, relative and staff felt they were well informed.</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 documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is a sufficient amount of PPE available which includes masks, gloves, and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>A designated cleaner/laundry worker is on site seven days a week. Cleaning guidelines are provided. There is suitable, safe storage for cleaning equipment and supplies. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>Designated cleaner/laundry staff are responsible for laundry services, including residents' personal clothing which is completed on-site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. Washing temperatures are monitored by external consultants and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the external chemical supplier</p>

		<p>and the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents' interviews confirmed satisfaction with cleaning and laundry processes.</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>The 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. No residents were using a restraint.</p> <p>The restraint minimisation programme is led by the restraint coordinator (care manager). The service is committed to providing care without the use of restraint. The use of restraint (if any) would be reported in the quality and staff meetings.</p> <p>Restraint minimisation is included as part of the training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.3</p> <p>Governance bodies shall appoint a suitably qualified or experienced person to manage the service provider with authority, accountability, and responsibility for service provision.</p>	PA Low	The owners/managers plan to remain in their roles for a short period of time until a new manager is employed to competently fill their roles.	A suitably qualified manager has not yet been employed to replace the current owners/managers.	<p>Ensure new management is appointed to fill the role of the previous owners.</p> <p>60 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	Medications are securely stored either in a locked medication trolley stored in the corner of the dining room or in an adjacent locked cupboard. The service has not taken temperature recordings in these areas.	The service has not recorded air temperatures of the areas where medications are stored.	<p>Ensure room temperatures of areas where medication is stored are monitored daily and maintained at less than 25 degrees Celsius.</p> <p>90 days</p>

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.