

Heritage Lifecare Limited - Stillwater Gardens Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: Stillwater Gardens Lifecare

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

Dates of audit: Start date: 21 September 2022 End date: 22 September 2022

Proposed changes to current services (if any): This reconfiguration involves certifying the current 19 serviced apartments located above the care centre into rest home level care beds so that the residents may remain in their apartment until requiring a higher level of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 67



Executive summary of the audit




Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Heritage Lifecare Limited owns and operates Stillwater Gardens Lifecare, known as Stillwater Lifecare and Village. The facility provides hospital, rest home and dementia level care for up to 69 residents.

The facility is managed by the care home and village manager with support from the regional manager.

The reconfiguration involves certifying the current 19 serviced apartments located on the floor above the care centre into rest home level care.

The auditors sought to confirm that the requirements following requests by Manatā Hauroa in relation to a Health and Disability complaint, and Te Whatu Ora Nelson Marlborough have been implemented.

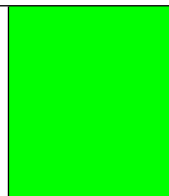
This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members/ whānau, managers, staff, contracted allied health providers, and a general practitioner.

Strengths of the service include respect shown to the residents, the caring staff, the home-like clean and tidy environment.

No areas were identified that require improvement.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

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, with the addition of written communication where appropriate. 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.

Stillwater Lifecare and Village 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 will be provided with services that recognise their worldviews and are culturally safe.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

This reconfiguration involves certifying the current 19 serviced apartments located above the care centre into rest home level care beds so that the residents may remain in their apartment until requiring a higher level of care. The change in designation will not impact the well-established systems in place for governance, managing services, or the recruitment, training and performance management of staff. There is provision to increase staff numbers as the care suites are occupied.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes and achieving equity 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

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter the service a person-centred and whānau-centred approach is adopted. Resident needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide the continuity of care. Relevant information is provided to the potential resident/whanau which was confirmed by families and residents.

Stillwater Lifecare works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis. Short term care plans are developed to manage any new problems that may arise.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. The planned activity programme is developed by a registered diversional therapist and a diversional therapist in training supports delivery of the programme. A Stillwater Lifecare van is available for outings.

Medicines are safely managed according to the organisation's policies based on current good practice and consistently implemented using an electronic system. Medications are administered by RNs and care staff, all of whom are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Exit, discharge or transfer is managed in a planned and co-ordinated manner. At the time of transition between services, information is provided for the ongoing management of the resident. There is open communication between all the services, the resident and the family/whanau.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. A current building warrant of fitness is publicly displayed. It states that the facility fully complied with the requirements for the 12 months prior to 22 July 2022. Biomedical equipment check is due again July 2023. 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

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

Subsections applicable to this service fully attained.

Stillwater Lifecare ensures 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 organisation. It is adequately resourced and supported by the Heritage regional clinical nurse manager (RCNM). An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, 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. Data is analysed, trended, benchmarked and results reported through all levels of the organisation. Follow up action is taken as required.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is supported by the governing body and policies and procedures. No residents were using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place 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	160	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>	FA	<p>Policies, procedures and processes have been developed to embed and enact Te Tiriti o Waitangi in all aspects of practice. This is reflected in the values. Manu motuhake is respected.</p> <p>Residents and whānau interviewed reported that staff respected their right to self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers. It provides examples and guides staff to provide culturally safe care for residents who identify as Māori. The care home and village manager (the manager) reported having contacted a local Māori provider in the past for advice. Staff reported they have attended Treaty of Waitangi and cultural safety training.</p> <p>There are staff who identify as Māori. No residents identify as Māori.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The cultural safe policy guides staff to ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>are embraced.</p> <p>The manager reported that the service focuses on achieving equity and efficient provision of health and disability services for Pacific peoples through assessment and care planning.</p> <p>The provider has not developed a Pasifika plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p> <p>There are staff who identify as Pacific peoples and a resident who identifies as Pacific peoples.</p> <p>The organisation is committed to creating opportunities for Pacific peoples in leadership and training roles.</p> <p>The provider has plans to work with Pasifika communities enable the health and wellbeing of Pacific peoples.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Evidence was observed of residents' being fully involved in their medication management plans, their rights occurring with respect, dignity and privacy.</p> <p>Staff reported Code of rights training was undertaken on the 29 March 2022 with 28 staff and repeated on the 12 April 2022 with 15 staff.</p> <p>An information pack is provided on admission which includes the Code of Rights and Advocacy service.</p> <p>Posters and brochures related to the Advocacy Service were clearly displayed and available in the facility.</p> <p>Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support</p>

		<p>persons involved.</p> <p>Mana Motuhake is recognised through staff training and supported by a Māori health plan to ensure the right to self-govern is upheld and respected.</p> <p>Residents' monthly meetings are facilitated by the registered diversional therapist with an agenda. Minutes reviewed documented full participation at the residents' meetings.</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>Stillwater supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Examples observed included written communication to express resident choices and supports to have regular community outings and home visits with family/whanau.</p> <p>Interdenominational church services are held regularly within the facility</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents have a private room and ensuite.</p> <p>Te reo Māori and tikanga Māori are promoted within Stillwaters Lifecare and special events are celebrated such as the recent Māori language week. All residents are supported to participate. Cultural training for staff was held on the 12 March 2022.</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</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs.</p> <p>Staff training on abuse and neglect was last held on the 3 August 2022.</p> <p>Residents reported that their property is respected, and observation</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>confirmed rooms to be personalised and well cared for.</p> <p>Families and residents spoken with felt that staff maintained professional boundaries and there were no concerns of racism.</p> <p>Wellbeing outcomes for residents are evaluated as part of the care planning process.</p> <p>The Stillwater Lifecare staff code of conduct is clearly displayed at the front entrance of the facility and training was last given on the 17 January 2022.</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 whānau reported that communication was open and effective, and they felt listened to.</p> <p>Changes to residents' health status were communicated to family/whānau in a timely manner.</p> <p>Families spoken to were aware of the complaints and advocacy services available, if required. They also commented that the nurses and caregivers were very friendly and provided the information in an easy-to-understand format.</p> <p>Residents' care staff and family/whanau interviewed confirmed the use of written communication as another tool to support resident choices and valued the effectiveness of this method of communication.</p> <p>Staff knew how to access interpreter services if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>The manager is responsible for complaints management and follow up.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English. A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the timeframes. Complainants had been informed of findings following investigation. One complaint remains open.</p> <p>One complaint was investigated and closed off by the office of the Health and Disability Commissioner. Another one was investigated and closed off by Te Whata Ora.</p> <p>Staff have implemented training in the areas of the Code of Health and Disability Services Consumers' Rights (the Code), skin changes, skin care and melanoma, and diabetes. Records were sighted. Skin charts were sighted in the nurses' station. More evidence is reported in 1.3, 1.4, 1.6, 1.7 and 3.2.</p> <p>If the complaint is minor it is written in the concerns book in the nurses' station. The manager talks to the complainant. Entries were observed to be signed off by the manager.</p>

		<p>The manager reported that residents are offered the opportunity to be supported by an advocate as needed.</p> <p>The manager reported that the complaints process works equitably for Māori. A translator who identified as Māori would be available to support people if needed.</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 regional manager and documentation evidence that the governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • honouring Te Tiriti o Waitangi. • defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation • demonstrating leadership and commitment to quality and risk management through for example reports and data analysis • being focused on improving outcomes and achieving equity for Māori and people with disabilities through care planning and family/whānau feedback. • identifying and working to address barriers to equitable service delivery through needs assessments, training, and advise from an external training provider. • appointing an experienced and suitably qualified person to manage the service. The manager has qualifications in management and experience in aged care and has been in the role for the last two years. When the manager is absent, the clinical services manager carries out all the required duties with support from the regional manager. <p>The provider is committed to embedding and enacting Te Tiriti o Waitangi within the workplace and developing partnership and collaboration with whanau to develop culturally appropriate health</p>

		<p>services.</p> <p>The regional manager reported that the senior leadership team and regional managers provide meaningful inclusion of Māori representation to governance groups.</p> <p>The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field through internal and external communication.</p> <p>The 2022 business plan, which is reviewed quarterly, describes annual and longer-term objectives for example, financial viability, quality, clinical and health and safety, property and maintenance and staff. Heritage lifecare Limited recently reviewed their values to 'people first, nurturing success, work together'.</p> <p>The manager reports progress monthly to the regional manager. The report includes occupancy, complaints, compliance and risk, human resources, and special activities. The regional manager reports to the board. A sample showed adequate information to monitor performance is reported. Key performance indicators are reported by the clinical services manager through the clinical governance framework. They include pressure injuries, falls, infections, complaints, restraint, and medication errors.</p> <p>Residents receiving services and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through care planning and care review meetings, surveys and compliments and complaints.</p> <p>The regional manager reported that the board of trustees and senior leadership team had completed training Te Tiriti, o Waitangi training. Certificates were sighted.</p> <p>The provider has plans to ensure the governing body has demonstrated expertise in health equity and cultural safety as core competencies with an implementation date of September 2022.</p>
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		<p>The service holds contracts with Te Whatu Ora Nelson Marlborough for respite, palliative care, rest home, hospital and dementia care.</p> <p>Contracts are also held with Manatū Hauroa for young people with a disability (YPD). There is one client under a mental health agreement.</p> <p>67 residents were receiving services under the contracts on the day of the audit.</p> <p>There were 20 rest home residents including two YPD residents. 31 hospital residents were receiving care, including one YPD on the respite contract.</p> <p>There were 16 dementia care residents at the time of audit.</p> <p>Five beds are certified as dual-purpose beds for rest home or hospital level care.</p> <p>The reconfiguration involves certifying the current 19 serviced apartments located above the care centre into rest home level care beds so that the residents may remain in their apartment until requiring a higher level of care. The 19 beds are to be referred to as care suites. One resident living in the care suites has been assessed as needing rest home care.</p> <p>The manager reported that the level four care givers will continue with managing care needs, cleaning, medication, personal laundry in the apartment's laundry and meal service in the apartments dining room. Cleaning hours will be increased as the need arises to take over cleaning of apartments. The RN in the rest home will oversee the full clinical needs of these residents. Nursing staff and caregiver hours will increase as required to ensure quality care and nursing is met. The two diversional therapists have the capacity to include the apartment residents in the program. Clinical equipment is currently assigned to the apartments.</p> <p>Residents will have access to the inhouse GPs who run a clinic onsite</p>
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		<p>three days a week.</p> <p>A medication trolley will be purchased for medication rounds as the need arises. A lockable area for medication is available in the clinical office upstairs.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a family/whānau and resident satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and falls.</p> <p>Residents, family/whānau, young people with disabilities and staff contribute to quality improvement through meetings and surveys.</p> <p>The last resident and family/whānau survey was completed in September 2022. Results were above average.</p> <p>The staff survey is due to be completed in October 2022.</p> <p>The 2022 internal audits schedule was sighted. Completed audits include cleaning, laundry, IP, kitchen, care planning and the environment. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The service has a philosophy of continuous improvement. The manager described two projects being developed in the areas of diversional therapy and internal reporting.</p> <p>The manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register dated 22 September 2022 was sighted.</p> <p>Staff document adverse and near miss events. A sample of incidents</p>

		<p>forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The manager understood and has complied with essential notification reporting requirements.</p> <p>Five S31 reports relating to staff shortages were sighted for the period 16 August 2022 and 9 September.</p> <p>Evidence was sighted of two of three S31 Stage 3 pressure injuries reports being reported to the MoH in a timely manner. One S31 report was sent four months late after it was discovered it had been blocked by the services' information technology system. A procedure has since been implemented to ensure the notification has been sent successfully.</p> <p>There haven't been any police investigations, coroner's inquests, or issues-based audits since the last audit.</p> <p>The manager reported, and evidence was sighted of corrective actions plans being fully completed and signed off when the issue has been resolved. The plan includes the area of focus, the improvement action required, timeframe and the person responsible. The date the issue was discussed at the staff meeting is noted. The clinical services manager and the manager both sign the document as being completed.</p> <p>The service ensures staff can deliver high quality health care for Māori through for example, training, including cultural safety training, cultural assessments and care plans.</p> <p>The facility benchmarks internally against relevant health performance indicators, for example wounds, falls, and poly pharmacy. Results were reported as average overall.</p>
Subsection 2.3: Service management	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe

<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>care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>A review of five weeks rosters for each of the rest home/hospital wings and the dementia unit confirmed adequate staff cover is provided, with staff replaced in any unplanned absence.</p> <p>Seven days a week, there is one RN in the hospital wing who oversees the rest-home and dementia wings on the morning, afternoon and night shifts.</p> <p>Six care givers are rostered in the hospital wing in the morning and five are rostered in the afternoon, with two care givers at night.</p> <p>The dementia unit has two care givers in the morning, plus an activity's person averaging an hour in the mornings and an hour and half in the afternoons. Activities such as puzzles, and music are available 24/7. There are two care givers in the afternoon, and one care giver at night.</p> <p>There are two care givers are rostered in the rest home morning and afternoon shifts, and one rostered at night.</p> <p>Care staff reported there were sufficient staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. There is 24/7 RN coverage in the hospital. This was confirmed by the care home and village manager.</p> <p>The manager reported that between 7am and 10pm the senior care giver in the apartment attends to any calls to the village. After 10pm a care giver from the hospital attends to the village in an emergency. The manager reported there is always another care giver in the hospital wing and that the RN does not go to the village.</p> <p>An afterhours on call system is in place with the clinical services manager and an RN sharing on call 24/7 both with a current annual</p>
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		<p>practicing certificate.</p> <p>The manager described the recruitment process includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required. Families/ whanau sign care plans and the clinical services manager follows up where needed.</p> <p>Residents' meetings are held two monthly with families invited to discuss, remind and inform people of changes to procedures. A suggestion box is available for suggestions. Newsletters were sent during lockdown.</p> <p>Continuing education is planned on annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery including medication, chemicals, the aging process, code of rights, cultural safety, IP, and fire evacuation. Twenty-eight care staff have completed a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Te Whata Ora. Eleven staff have commenced the training.</p> <p>Records reviewed demonstrated completion of the required training including tikanga, manual handling and hoisting, palliative care, and Treaty of Waitangi.</p> <p>Five of six care givers working in the dementia unit have completed standard units 2390, 2391, 2392, and 2393. One care giver is undertaking the qualification.</p> <p>Five of six RN's have a current interRAI competency. One RN is undertaking the course.</p> <p>Staff reported feeling well supported and safe in the workplace. They spoke highly of the care home and village manager and gave examples of being checked on through text messages when on sick leave.</p> <p>The service has plans to invest in the development of organisational</p>
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		<p>and health care and support worker health equity expertise.</p> <p>The service has plans to develop policy and procedures to collect and share high-quality Māori health information, training resources and competencies.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of nine staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed at regular intervals.</p> <p>Documented position descriptions include accountability and responsibility and were sighted.</p> <p>Current annual practising certificates were sighted for the seven registered nurses, the physiotherapist, nine pharmacists, three dietitians, three general practitioners, and the diversional therapist. All were within the expiry date.</p> <p>Staff orientation and induction includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Topics include the Code of Health and Disability Services Consumers' Rights (the Code), communication, complaints, health and safety, IP, and restraint.</p> <p>Staff files are held locked, and confidential.</p> <p>The organisation plans to collect ethnicity data in line with health information standards.</p> <p>Staff reported they have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	<p>Policies and procedures guide staff in the management of information. Data is collected and entered into an electronic database. Staff have their own logins. Backup database systems are held by Heritage</p>

<p>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>Lifecare limited. The provider is not responsible for registering residents' national health index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p> <p>All necessary demographic, personal, clinical and health information was fully compliant in the residents' files sampled for review. Clinical notes were current, integrated, legible and met current documentation standards.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>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 enter Stillwater when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>The organisation seeks updated information from the NASC and the GP for residents accessing respite care. Files reviewed contained completed demographic detail and assessments in accordance with contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed including decline rates for Māori.</p> <p>The Māori health plan identifies developing meaningful partnerships with Māori communities and organisations to benefit Māori and their whānau. This includes aiding with rongoa Māori (Māori medicine) if requested in consultation with their practitioner.</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 Stillwater multidisciplinary team work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service</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>integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Care plans are based on assessment outcomes, including interRAI, hospital discharge information, medical and allied health orders. The care plans reviewed confirmed evidence that the support the resident required to meet their assessed needs, is provided.</p> <p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. Attention to meeting a diverse range of residents individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical care is sought in a timely manner and that medical orders are followed. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available and suited to the level of care provided in accordance with the resident's needs. A comprehensive care plan audit completed in June of this year showed a 98.8% compliance of 10 care plans within the facility. This was verified with the files viewed.</p> <p>A Māori health plan has been developed to guide staff in providing culturally safe care for any residents who may identify as Māori. This includes how to deliver services that remove barriers and give tangata</p>
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		<p>whaikaha choice and control over their supports. The plan provides information on how to support oranga and pae ora (healthy future) outcomes for residents and their whanau.</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>A registered diversional therapist (RDT) and a trainee diversional therapist (DT) provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. Both the RDT and the DT work full time, supported by volunteers and provide activities across the facility. Pet therapy is encouraged. One visitor interviewed had bought her dog in to visit a friend. At audit it was observed that residents were enjoying participation in the programmes being delivered.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities.</p> <p>Opportunities for residents and family/whānau to participate in te reo Māori are facilitated and this was observed at audit with celebrations of Māori language and culture. There are processes in place for staff to support Māori community initiatives and activities that promote whanaungatanga (extended family) should the need arise.</p> <p>Activity assessments were reviewed at the six-monthly multidisciplinary reviews or sooner if required.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme at the residents' monthly meetings. Those interviewed confirmed they find the programme meets their needs.</p> <p>The residents in the secure unit have 24-hour activity plans available which are reviewed at the six monthly multi-disciplinary meetings or sooner if required. These are delivered by a designated diversional therapist. Care staff and family members confirmed activities have increased and are enjoyed by the residents. This was also observed at audit.</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>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to Stillwater in a pre-packaged format from a contracted pharmacy. Medication reconciliation occurs by the RNs. All medications sighted were within current use by dates. Medications for return to pharmacy were managed in accordance with guidelines.</p> <p>Medicines are stored safely, including controlled drugs. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence the required stock checks with evidence of pharmacy checks. The last pharmacy date documented 16 September 2022. Medicines were observed to be stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the electronic medicine chart. Standing orders are not used. Pro re nata (PRN) medications were reported for effectiveness when used.</p> <p>Self-administration of medication is facilitated and managed safely. There were two residents self-medicating and there is provision for locked storage in their rooms. The self-medication process was seen to be followed with electronic monitoring by staff. Residents, including Māori residents and their whānau, would be supported to understand their medications.</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</p>	<p>FA</p>	<p>The food service is provided on site by a chef and a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan</p>

<p>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>and current registration. A verification audit was undertaken on 1 August 2022. No corrective actions were identified, and the plan was verified until 31 July 2023.</p> <p>All aspects of food procurement, production, preparation storage, transportation and disposal comply with current legislation. Food temperatures including for high-risk items are monitored appropriately and recorded. The cook has undertaken a safe food handling qualification with kitchen assistants completing relevant food handling training. The kitchen was observed to be clean and well organised.</p> <p>Water and extra food storage were available for emergencies.</p> <p>Each resident has a nutritional assessment and a dietary profile on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Provision for Māori and their whānau to have menu options culturally specific to Māori, are readily available.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion. Special equipment to meet the residents’ nutritional needs is available and those requiring assistance had this provided with dignity.</p> <p>Residents in the secure unit always have access to food day and night.</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</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Family/whānau reported being kept well informed during the transfer of their relative.</p>

<p>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>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>A current building warrant of fitness is publicly displayed. It states that the facility fully complied with the requirements for the 12 months prior to 22 July 2022. Biomedical equipment check is due again July 2023.</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.</p> <p>Tagging and testing is current as confirmed in records, interviews with the manager and maintenance personnel, and observation.</p> <p>The maintenance personnel described the maintenance schedule.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups.</p> <p>Sufficient personal equipment is available for young people with disabilities. The facility includes places where young people with disabilities can find privacy within communal spaces. There is consideration of compatibility with residents. The dementia unit is secure and spacious and allows for safe walking inside and outside. The unit is separate from the hospital and rest home wings.</p> <p>Communal areas are available for residents to engage in activities.</p> <p>The dining and lounge areas in each area are spacious and enable easy access for residents and staff. Rest home and hospital residents can access areas such as the library for privacy, if required. Furniture</p>

		<p>is appropriate to the setting and residents' needs.</p> <p>All bedrooms have a full ensuite. The number of toilet and bathroom facilities for visitors and staff are adequate.</p> <p>Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment are available to promote resident's independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, and wheelchairs. Staff and residents reported the adequacy of bedrooms.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>The provider has plans to consult and involve residents and whānau in the design of any new buildings.</p> <p>Care givers reported that they respect the residents spiritual and cultural requirements.</p> <p>The apartments are on the level above the aged care facility. are occupied by occupation right agreements (ORAs). The refurbishment was sighted in one apartment and has been completed to a high standard. The manager reported that each apartment has a microwave, underfloor heating, and sprinklers. Smoke alarms in the apartments are wired into the aged care facility system and are checked monthly. Fire drills occur six monthly. There is a call bell system. Shared facilities include a spacious open plan kitchen, dining room lounge area, and a laundry. Three stairways and a lift enable access from the ground floor. The rooms are fit for purpose.</p>
Subsection 4.2: Security of people and workforce	FA	Disaster and civil defence plans and policies direct the facility in their

<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>preparation for disasters and described the procedures to be followed.</p> <p>Emergency evacuation plans are displayed and known to staff.</p> <p>The services emergency plan considers the special needs of young people with disabilities, and of residents with dementia in an emergency.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service on 28 October 2009.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinklers, smoke alarms, and fire action notices were sighted.</p> <p>The manager reported that all staff have a current first aid certificate. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond to call bells as soon as possible.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including, water, medical supplies and gas BBQ and meet the requirements for the residents. They National Emergency Management Agency recommendations for the region.</p> <p>Emergency lighting is regularly tested.</p> <p>Residents and families are informed of the emergency and security arrangements. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the organisation and are approved by the Heritage group. Interviews with</p>

<p>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>the CNM and RCM confirmed that the (IP) and (AMS) link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought by laboratory diagnostic testing reports and GP antimicrobial prescribing following a defined process. A documented pathway supports reporting of progress, issues and significant events to the organisation.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested since the COVID 19 pandemic. Sufficient resources and personal protective equipment (PPE) were sighted, and staff have been trained accordingly.</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 infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the regional clinical manager and the manager. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Additional support and information accessed is from the infection control team at Te Whatu Ora Nelson Marlborough, the community laboratory, the GP and the public health unit as required. The IPCC accesses residents' records and diagnostic results to ensure timely treatment and resolution of any infections. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Policies were easily accessible to staff and familiar through education during orientation and ongoing education. Staff were observed to follow these correctly.</p> <p>Residents and their family/whānau are educated about infection prevention in a manner that meets their needs. Cultural advice is accessed where appropriate.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies such as appropriate use of hand</p>

		<p>sanitisers, good handwashing technique and use of disposable aprons and gloves. Masks are worn by staff and visitors. Hand washing and sanitiser dispensers are readily available around the facility.</p> <p>Interviews, documentation and observation verified staff have received education in infection prevention and control with ongoing education sessions.</p> <p>The infection control programme is due to be reviewed in November 2022.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted at Stillwater. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Polypharmacy is monitored by the clinical nurse manager with results that have shown improvement.</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</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 and includes infections of the urinary tract, soft tissue, eye, gastrointestinal tract and respiratory tract.</p> <p>Full colour skin charts describing the differences between malignant and non-malignant lesions were clearly available in the nurses' stations.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at regular monthly</p>

<p>with an equity focus.</p>		<p>meetings and at staff hand overs. Surveillance data is entered into the organisation's electronic infection data base. Data is benchmarked within the Heritage group, with results that have shown Stillwaters improvement to the accepted benchmark levels.</p> <p>A COVID outbreak occurred on the 11 May 2022 that affected 61 residents and 52 staff. The last resident tested positive on 16 May 2022 and the last staff member tested positive on 12 June 2022. No hospital admissions were required with all residents cared for within the facility. Lockdown ended on 7 July 2022. Public Health were notified with the first positive case as per protocol.</p> <p>A gastro outbreak occurred on 25 July 2022 that affected 28 residents and one staff member. The last day of infection was 8 August 2022 with isolation completed on 16 August 2022. No hospital admissions were required with all residents being cared for within the facility. Public Health were informed as per protocol.</p> <p>An analysis of both outbreaks resulted in extra pro re nata (PRN) oxygen being charted by the GP, increased training, hand washing and monitoring of antibiotics prescribed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment at Stillwater supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Policies are available. Laundry and cleaning processes are monitored for effectiveness via internal auditing. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely in labelled containers with chemical data sheets available. It was noted on the day of audit that one data sheet was missing. Staff immediately rectified this.</p> <p>Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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>Maintaining a restraint free environment is the aim of the service. The governance group demonstrates commitment to this. At the time of the audit no residents were using a restraint and this has been the case since the last audit. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The care home and village manager reported that a restraint would be used as a last resort when all alternatives have been explored.</p> <p>The clinical services manager is the restraint coordinator. It is a defined role with a job description to provide support and oversight for any restraint management.</p> <p>The restraint co-ordinator reported that should there be any restraint, data would be aggregated and reported to the regional manager who reports to the national quality and risk manager.</p> <p>Policies and procedures meet the requirements of the standard.</p> <p>External providers provide training. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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.