

# Phantom 2021 Limited - Highview Rest Home & Hospital

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## 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:

<b>Legal entity:</b>	Phantom 2021 Limited
<b>Premises audited:</b>	Highview Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 18 August 2022 End date: 19 August 2022
<b>Proposed changes to current services (if any):</b>	The prospective owner has no plans to make any changes to the environment at Highview and does not wish to continue with the reconfiguration of beds previously applied for (partial provisional audit July 2021).
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40



# Executive summary of the audit

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## Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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

Highview Rest Home provides rest home and hospital (medical and geriatric) level care services for up to 40 residents. On the day of audit there were 40 residents.

This provisional audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess the level of conformity of the current provider prior to the facility being purchased. A certification audit was completed with the service on 18 & 19 August 2022 and the consequent audit report was utilised as part of this provisional audit. The certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts 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, interviews with residents, family, management, staff, and a general practitioner.

The facility manager has been in the role since October 2020. She has a background with the Public Trust. She is supported by a clinical manager. The clinical manager has been in the role since February 2021 and is an experienced registered nurse. The

management team are supported by the organisation's operations manager. Residents and relatives interviewed overall spoke positively about the care and support provided.

The prospective owners are based in Milton and have previously been directors in Eldson Enterprises (current owner). The prospective owners have managed an age care facility in Milton since December 2021, and previously managed the facility for seven years prior to ownership. Both of the prospective owners have experience in aged care management. The facility in Milton will become the head office. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their governance and quality management system, and policies and procedures will remain unchanged. There will be no changes to the existing management, staff, rosters, or the environment. The planned take-over date is planned for 1 December 2022.

This audit identified shortfalls around aspects of quality, aspects of staff recruitment, orientation of new staff, appraisals, waste management and laundry.

## **Ō tatou motika | Our rights**

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

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan includes a mission statement, values, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff.

Internal audits, meetings, and collation of data that have been completed were documented with corrective actions as indicated. There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation, appraisals and staff training and development. Regular staff education and training are in place.

Staff complete role specific competencies and education. 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**

There is an admission package available prior to or on entry to the service. A registered nurse is responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Registered nurses and senior healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

Highview Rest Home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated. Emergency management systems are being implemented. Six-monthly fire drills are held. There is always a staff member on duty with a current first aid certificate.

Resident rooms and bathroom facilities are spacious. There is plenty of natural light in all rooms and the environment is comfortable with adequate ventilation and heating. All communal areas within the facility are easily accessible. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a lift between floors that is large enough for a tilted ambulance stretcher.

External garden areas are available with suitable pathways, seating and shade provided.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has Covid-19 screening in place for residents, visitors, and staff. Covid-19 outbreak plan is in place and the service has access to personal protective equipment supplies. There have been two Covid outbreaks this year in May and July 2022.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented.

## Here taratahi | Restraint and seclusion

The restraint coordinator is the clinical manager. There are eight restraints used at Highview Home and Hospital. Maintaining a restraint-free environment is included as part of 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	26	0	1	2	0	0
Criteria	0	145	0	3	4	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The organisation has a cultural policy that states that the provider aims to improve outcomes for Māori residents. The service currently has residents and staff who identify as Māori. The service supports increasing Māori capacity by employing more Māori staff members. The service is in the process of developing a Māori Health plan that embeds Te Tiriti o Waitangi.</p> <p>Clinical resources in the paper-based resident management system include guidelines for the provision of culturally safe services for Māori residents, policy for cultural responsiveness for Māori residents and Te Tiriti o Waitangi policy. Highview uses the services and works in partnership with Te Roopu Tautoko Ki Te Tonga Community Health and social services. The policy for cultural responsiveness for Māori residents details a commitment to Te Tiriti o Waitangi, ensuring equal access to services for Māori and a staff education on Wairua, Aroha, Turangawaewae, Tapu and Noa, Mana, Manaaki, Kawa, and Mana Motuhake. The service is actively identifying and liaising with iwi and Māori organisations to facilitate improved service integration,</p>



		<p>planning, and support for Māori.</p> <p>Highview Home and Hospital is committed to providing a service that is responsive and inviting for Māori. The use of te reo is promoted in the activities programme and emails demonstrate incorporation of te reo. Staff received education on cultural safety in July 2022. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Twelve staff interviewed (two registered nurses, six healthcare assistants, one diversional therapist, one cook, one cleaner/ laundry person, one maintenance) described how care is based on the resident's individual 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 tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The service is working towards developing Pacific policies and a Pacific Health Plan in partnership with local Pasifika communities or groups. Links are yet to be made with the local Pasifika community.</p> <p>Family/whānau interviews stated that they were satisfied with the choices they were provided regarding their care, activities and the services provided.</p> <p>Information gathered during assessments includes identifying a resident's specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining background information on a resident's cultural preferences, which includes (but is not limited to), beliefs, cultural identity, and spirituality. This information informs care planning and activities that are tailored to meet identified needs and preferences. The cultural safety policy includes consideration of spiritual needs in care planning.</p> <p>Highview is working towards developing relationships with Pacific communities and organisations, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of</p>

		<p>Pacific peoples to improve outcomes.</p> <p>There are currently staff who identify as Pasifika.</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>Highview Home and Hospital policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori. Resident meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff have received education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff received training from a representative from advocacy services in May 2021.</p> <p>The four residents (rest home level) and three relatives (two hospital and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful. On interview management confirmed residents were provided with opportunities to discuss or clarify understanding of their rights.</p> <p>Policy and practice include ensuring that all residents right to self-determination is upheld and they are able to practice their own personal values and beliefs. The service is still working on developing</p>

		<p>a Māori Health plan that recognises Māori mana motuhake.</p> <p>Interview with the prospective owner confirmed residents rights will continue to be upheld. The prospective owner interviewed knows and understands the Code and that it must be adhered to as per policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available in the policy manuals. Resources include policies on open disclosure, consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner.</p> <p>Healthcare assistants interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Care staff and registered nurses interviewed confirmed with examples provided that the things that are important to residents, shape the care and support they receive. Staff are trained around the Code of Rights at orientation and through regular in-services. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview.</p> <p>Highview Home and Hospital delivers training that is responsive to the diverse needs of people accessing services and training provided in 2021 and 2022 included, (but not limited to): sexuality and intimacy, abuse &amp; neglect, complaints and advocacy, and cultural safety. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Waitangi Day, Matariki and Māori language week are celebrated throughout the service. The use of te reo is encouraged throughout the facility.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy</p>

		<p>is in place.</p> <p>During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments and in the social profile. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Care plans identified residents preferred names. During care planning with the resident and their important people, the resident's values and beliefs are discussed and the ways in which Highview Home and Hospital can provide support for their spiritual and cultural needs.</p> <p>The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in November 2021 confirms that residents and families are treated with respect. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing. This was also confirmed during interviews with residents and families.</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>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Highview Home and Hospital implement the code of conduct policy which addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. The service is working on updating policies to include how institutional and systemic racism is</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>addressed.</p> <p>Staff have been provided with education on how to identify abuse and neglect in July 2022. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The relatives interviewed confirmed that the care provided to their family member is excellent.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. House rules include a staff code of conduct which is discussed during the new employee's induction to the service with evidence of staff signing receipt of the house rules. Professional boundaries are defined in job descriptions. Interviews with the clinical manager, registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service is working towards a strength-based holistic model to ensure 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/relatives on admission. Three-monthly resident meetings are held, and meeting minutes reviewed identified 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. This is also documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available.</p>

		<p>Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak 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 service communicates with other agencies that are involved with the resident such as the hospice, wound care specialist and the Te Whatu Ora Southern specialist services. The delivery of care includes a multidisciplinary approach and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed included signed admission agreements and an informed consent form for photos, release of information and transport of residents signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice.</p> <p>There is an advance care planning and resuscitation policy. 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 relatives 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) were in resident files where available. Certificates of mental incapacity signed by the GP were also on file where appropriate.</p> <p>The informed consent policy and cultural policy acknowledges Te Tiriti</p>

		<p>O Waitangi and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. These policies require health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This includes whānau support and involvements in the decision-making, care, and treatment of the resident, provided the resident has given consent for the whānau to be involved.</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>The service has a complaints policy that describes the management of the complaints process. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Complaints forms are available at the entrance to the facility along with a locked box to lodge complaints anonymously. Information is available in both English and te reo. Information about complaints is provided in the entry pack of information presented to prospective residents and families. Interviews with residents, families and staff demonstrated their understanding of the complaints process. Residents and family confirmed that issues are addressed promptly, and that they feel comfortable to bring up any concerns. The complaints process is linked to the quality and risk management meeting minutes.</p> <p>There have been no complaints logged for 2022 year to date, and three for 2021. Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the welcome information and in the outcome letter that is sent to the complainant. Advocacy services pamphlets are available at reception. There have been no complaints received from the Health and Disability Commissioner since the previous audit. Complaints are documented in the complaints register and includes evidence of investigation, follow up, and replies to the complainant within the timeframes set out by the Health and Disability Commissioner. The facility manager advised that staff and the CEO would be informed of complaints (and any subsequent corrective actions) via staff meetings and quality and risk meetings (meeting minutes sighted). The facility manager is advised of all complaints.</p> <p>Resident meetings are held monthly and are chaired by the activity's</p>

		coordinator.
<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>	FA	<p>Elsdon Enterprises (Ltd) are the proprietors of Highview Home and Hospital. The organisation owns two other facilities in Otago and one facility in Canterbury.</p> <p>Highview Home &amp; Hospital provides care for up to 40 rest home and hospital (geriatric and medical) level care residents. There are 21 dedicated rest home beds (one room currently has two beds with permission by the funder) and 19 dual-purpose beds.</p> <p>Ground floor: There are currently 26 resident rooms. Nineteen are currently dual-purpose and seven are rest home only. One of the rest home rooms is a small double room shared by two brothers. While this room is not certified as a double room, it has been approved previously for these two brothers to be together. Both brothers are rest home level and mobile.</p> <p>Level one: There are currently 13 rest home rooms upstairs including one double room. The double room (214) is used by a married couple and has been verified as suitable for a couple (dual-purpose) but is currently only certified as rest home level.</p> <p>At the time of the audit, there were 40 residents (20 rest home and 20 hospital, including one resident on a YPD (younger persons disability) contract, one resident on a palliative care contract and two residents on a long-term support – chronic health conditions (LTS -CHC) contract. The remaining residents were under the age-related residential care (ARRC) agreement. There was one hospital resident in an upstairs room, which was deemed appropriate for hospital level care at the last partial provisional. Communication with the contracts manager was also sighted approving this placement.</p> <p>The facility manager has been in the role for 22 months. She has a background with the Public Trust. She is supported by a clinical manager/RN, registered nurses, and healthcare assistants. The clinical manager has been in the role since February 2021 and has a background in Hospice and intensive care unit (ICU) nursing. The</p>



	<p>facility manager has completed eight hours of professional development related to managing a rest home, having attended managers training forums on the new standards and a managers and aspiring leaders in aged care workshop in February 2022. The clinical coordinator has completed eight hours of professional development.</p> <p>Elsdon Enterprises is a family-owned company. With one chief executive officer (CEO) and an outgoing CEO providing mentorship. The head office is based in Christchurch. All resident admissions and human resources services are based in Christchurch. The facility managers provide a quarterly report to the CEO which covers all aspects of the service.</p> <p>Highview Home and Hospital has a documented mission statement, philosophy, combined business, strategic and quality plan for 2022 with annual goals and objectives and a quality and risk management programme. The plan includes a mission statement and a philosophy which focuses on the residents' home, values, independence, dignity and respect, communication, and teamwork. Goals for 2022 have been documented and include infrastructure improvements, use of technology, staffing, resident programmes, and communication strategies. A plan, do, act and check cycle analysis documents specifics for the service. Goals and objectives for 2022 have been reviewed by the CEO and facility manager. The CEO meets with the manager three-monthly to discuss the annual business plan, review towards meeting goals, and the monthly reports. Informal phone calls occur on a more regular basis of at least weekly.</p> <p>Quality goals are documented and reviewed though the quality process. The 2022 business and quality goals are reviewed at each quality meeting as evidenced in meeting minutes. Key performance indicators such as incidents and accidents, infections and trends, and internal audits are discussed at meetings and the minutes are emailed to the director. The chief executive officer (CEO) has completed an online Mauriora course and cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Plans are in place for the facility manager to attend cultural</p>
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		<p>training.</p> <p>On interview, advised that the CEO was seeking consultation with Māori to help identify and address barriers for Māori for equitable service delivery. Clinical governance is the responsibility of the clinical manager and registered nurses with evidence of multidisciplinary meetings. Work is underway to ensure tāngata whaikaha have meaningful representation to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>The prospective owners are based in Milton and have previously been directors in Eldson Enterprises (current owner). The prospective owners have owned an age care facility in Milton since December 2021 and managed the facility for seven years prior to ownership. Both of the prospective owners have experience in aged care management and working with residents with dementia. The facility in Milton will become the head office. The planned take-over date is planned for 1 December 2022.</p> <p>The prospective owner interviewed reported there will be no changes to management, staffing, rosters, or the environment at Highview Home and Hospital. The current policy management and quality programme is in line with the prospective owners quality programme purchased from the same external contractor. Both prospective owners interviewed are knowledgeable in the requirements to meet the Health and Disability Standards and obligations under the contract.</p> <p>It is the new owner's intention to facilitate a smooth transition at an operational level and to minimise disruption to staff and residents. A transition plan has been developed to change finance and payroll services from Eldson Enterprises Ltd to Phantom 2021 Ltd for Highview Home and Hospital.</p> <p>There is an organisational chart with a reporting structure. Organisational reporting will include monthly manager meetings. The manager will provide quarterly reports to include a range of</p>
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		<p>operational information including (but not limited to) enquiries, occupancy, quality data, and finances.</p> <p>There is a business plan documented with a mission and philosophy statement and commitment to professional support, a stable workforce, robust quality management, business strengths, weaknesses, and opportunities.</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>PA Moderate</p>	<p>Highview Home and Hospital has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings and to the CEO. These systems include performance monitoring through internal audits and through the collection of clinical indicator data. Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity. Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The organisation is in the process of updating policies to meet the Ngā Paerewa 2021 Services Standards.</p> <p>New policies or changes to policy are communicated to staff via staff meetings and handovers.</p> <p>Resident meetings are held three-monthly. Minutes are maintained. An annual resident survey has been conducted in November 2021. However, results have not been correlated, analysed, or shared with residents, families, or staff. An annual survey for family has not been distributed since August 2019.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and</p>

	<p>evaluate data. This is utilised for service improvements. Corrective action plans are developed when service shortfalls are identified, and continuous quality improvements are implemented when areas for improvement are identified. Management advised results and trends are communicated to staff at the monthly staff/quality/risk meetings and reflect actions being implemented and signed off when completed. Key performance indicators are reviewed against previous results and monitored for trends. The service is not currently benchmarking against industry standards or with other facilities. Communication to staff is enhanced by daily briefings, email notification and a secure staff facebook group, as well as handovers. Staff meeting minutes do not reflect staff participation or document the names and designation of staff attending.</p> <p>There is a health and safety officer interviewed (previous director) who oversees the health and safety programme. Health and safety policies are implemented and monitored through the staff meetings, quality and health and safety meetings, infection control meetings, weekly management meetings and through three to four-monthly Board meetings. Risk management, hazard control and emergency policies and procedures are in place. A health and safety representative (facility manager) was interviewed about the health and safety programme. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made.</p> <p>Falls prevention strategies are in place including, (but not limited to): individual and group exercise programme, meeting individual toileting needs, sensor mats, increased monitoring, identification, and meeting of individual needs.</p> <p>All incidents and accidents are documented, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover as confirmed in meeting minutes. Twelve incident reports for July and August 2022 were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations have been</p>
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		<p>conducted. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications completed since the previous audit. Public health authorities and Te Whatu Ora Southern were notified of two Covid outbreaks.</p> <p>The prospective owner advised on interview that policies and procedures and the current quality and risk management system will remain in place.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager, clinical manager, registered nurses, activity coordinator and senior healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The facility manager provides on-call cover 24/7 with the clinical manager available for clinical concerns. Good teamwork amongst staff was highlighted during the healthcare assistant interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The service is continuing to advertise for registered nursing staff and permanent care staff. Highview are currently stretched with staff, with casual staff meeting HCA requirements currently.</p> <p>The facility manager and clinical manager are available Monday to Friday, and both are on call when not available on site. The clinical manager works from 0700 – 15.30 as required as an RN in the hospital wing, supported by registered nurses on three morning shifts per week and on all afternoon and night shifts.</p> <p>In the hospital wing, the morning registered nurse works from 0700 – 1500 on Wednesday and 10am to 2pm on Monday and Friday; the</p>

		<p>afternoon RN works from 1500 – 2300 and the night RN works from 2300 – 0700.</p> <p>Downstairs (19 hospital and seven rest home level residents):</p> <p>One HCA 0700-1530, two HCA's 0700-1500, one HCA 0800-1400 and one from 0600 to 1000 cover the AM shift; one HCA 1430-2300, one HCA 1430-2230, one HCA 1430 to 2130 and one HCA from 1700- 2100 cover the PM shift, and one healthcare assistant covers the night shift 2300-0700 supported by a HK/HCA from 2300 to 0500hrs.</p> <p>Upstairs (12 rest home and one hospital level care resident):</p> <p>One HCA 0700-1500, one HCA 0500- 0900, one HCA 1200-1330 cover the AM shift; one HCA 1500-2300 and one HCA 1630-1830 cover the PM shift, and the night shift is covered by staff from downstairs with the HK/HCA shift based in this area.</p> <p>Other staff include a daily cook 0700-1400, kitchenhand 0700-1400 and two kitchenhands 1630 to 1830, one cleaner 0900 to 1500 seven days a week. The activities staff work from 1030 to 1430 Monday to Friday.</p> <p>An education programme is in place for 2022. Education in 2022 has been provided over a three-hour on-site session (in conjunction with prior reading) around: health and safety, hazards, restraint, abuse and neglect, communication, complaints and open disclosure, cultural safety, emergency, security, falls prevention, pressure injury prevention and management, end of life, nutrition and hydration, fire evacuation, and quality and risk management. Additional training provided in 2022 during regular meetings included medication and pain management, manual handling, infection control and Covid outbreak management. The education programme for 2021 was completed. Training is also available via care training online, during toolbox talks and via zoom meetings. The education and training</p>
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		<p>schedule lists all mandatory topics. Staff have been provided with cultural training. Further training is planned for staff and management around the Treaty of Waitangi. Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora Southern and hospice.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 22 healthcare assistants, and activities staff, 12 staff are either currently enrolled and making progress or completing registered nurse training. Two staff members have level two, two staff have completed their level three qualifications and seven staff have completed their level four qualification. Twenty-two staff have current first aid certificates.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication, restraint, hand hygiene, use of personal protective equipment (PPE), fire and emergency training, and manual handling.</p> <p>The clinical manager, and three registered nurses are interRAI trained.</p> <p>The prospective owner does not plan to make any changes to the management, staffing or rostering.</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>PA Moderate</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office in a locked filing cabinet. Nine staff files reviewed (six healthcare assistants, one activities coordinator, one registered nurse and the clinical manager) evidenced recruitment processes, signing of a house rules document, employment contracts, and police checking. However, reference checks were not implemented as per policy. There is an appraisal policy. All staff who have been employed for over one year are</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>required to have an annual appraisal completed, however, completed orientation documentation and up-to-date appraisals were not evident in all of the files reviewed.</p> <p>There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position.</p> <p>A copy of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment to Māori. Volunteers have not been utilised.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is not currently identified, however, the service advised they are planning to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Staff wellbeing is recognised through acknowledging individual staff contributions and commitment during the Covid pandemic.</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</p>	<p>FA</p>	<p>Resident paper-based files and the information associated with residents and staff are retained in hard copy. The service utilises a paper-based system for resident information, documentation, and data. Electronic information (eg, policies and procedures) are backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and</p>



<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>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 in 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. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>The family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager or facility manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the social profile, however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The service has relationships with Te Roopu Tautoko Ki Te tonga Community Health &amp; Social Services, that would be able to provide support for future residents and relatives who identify as Māori.</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>The care plans are on a paper-based format and are resident focused, individualised, and identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement.</p> <p>Seven resident files were reviewed: three rest home and four hospital level care residents. The clinical manager and registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files reviewed. Routine interRAI assessments and long-term care plans had been evaluated in six of seven long-term resident files. One resident had not been at the service long enough for an evaluation. The registered nurses interviewed describe working in partnership with the resident and whānau to develop the initial care plan and long-term care plan.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. There is a general practitioner (GP) who visit weekly from the local medical centre. The facility manager and when required the clinical manager, provide on-call afterhours for phone support and advice when needed. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through Te Whatu Ora Southern.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the</p>
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		<p>progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment is a part of social profile which is completed by diversional therapist. Behavioural assessments have been utilised where needed. Care plans reflect the required health monitoring interventions for individual residents. Neurological observations have been routinely completed for unwitnessed falls.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family contact is recorded on the paper-based family contact sheet and includes family notifications and discussions. Wound assessments and wound management plans were reviewed for eight residents with wounds (pressure injury and chronic skin conditions). A wound register is maintained.</p> <p>Healthcare assistants interviewed stated 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>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Highview Rest Home employs an experienced, qualified diversional therapist who works 27.5 hours per week (5.5 hours over five days). The diversional therapist (DT) has been in the role for 18 years and qualified as a diversional therapist in 2016. A weekly programme is developed in consultation with residents and reflects their interests and abilities. The programme includes twice-weekly van outings where they go on drives to places of interest, as requested by residents. The programme is varied and provides group and individual activities to meet the hospital, rest home and younger resident's recreational preferences and interests. Activities include (but are not limited to); two-weekly van rides, fortnightly entertainers, group activities including baking and crafts, housie, quizzes and news reading. Seasonal celebrations include, (but are not limited to) Anzac Day, Easter crafts and church services, mid-winter, pink ribbon day, Matariki, Waitangi Day, St Patricks day, Father's Day, and Mother's Day. Entertainment and music are available fortnightly at Highview Rest Home when Covid restriction allows.</p> <p>The diversional therapist has been focusing on more one-on-one sessions with the residents, based on their preference. Residents have an activities assessment completed over the first few weeks after admission, which forms the basis of a diversional therapy plan and is then reviewed on a six-monthly basis. Activities assessments and evaluations were evidenced as being completed in resident's files reviewed. The resident/family/whānau/EPOA as appropriate, is involved in the development of the activity plan. Progress notes are maintained on a monthly basis. A record is kept of individual resident's activities.</p> <p>One-on-one contact is made with residents who are unable to or</p>

		<p>choose not to participate in group activities. These activities include nail cares, facials, the DT has a chat with the resident, and reading books. Intimacy is encouraged and supported between married couples. Younger residents are encouraged and supported to engage in 1:1 and individual activities in the community, although this has been limited recently due to Covid related restrictions.</p> <p>Feedback on the activities programme is provided at resident meetings and by verbal feedback. The residents interviewed were satisfied with the activities provided. The service is working to facilitate opportunities for Māori to participate in te ao Māori.</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>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. The service uses a fortnightly robotic roll system. All medication is checked on delivery against the electronic medication chart and any pharmacy errors are recorded and fed back to the supplying pharmacy. All eye drops, and ointments sighted were dated on opening. Temperatures of the medication fridge, staffroom fridge and rooms where medications are stored are maintained within the acceptable ranges. The controlled drugs are checked weekly by two RNs.</p> <p>Registered nurses administer medications on the ground floor (hospital and rest home residents) and HCAs with medication competencies administer medications upstairs (rest home level and one hospital level resident). Medication competencies have been completed annually and medication education is provided. Competencies include insulin, warfarin, and syringe drivers. Appropriate practice was demonstrated on the witnessed medication rounds.</p> <p>Fourteen electronic medication charts reviewed met legislative requirements. All residents had individual medication orders with photo identification and allergy status documented. Medications had been signed as administered in line with prescription charts. 'As required' medications had prescribed indications for use. The</p>

		<p>effectiveness of 'as required' medication had been documented in the medication system. There were no residents self-medicating on the day of audit. Standing orders were not in use. Over the counter medications are prescribed on the electronic medication system.</p> <p>Medications are stored in locked medication trolleys which are stored and chained to the wall when not in use in the dining room on both floors. There is a cupboard in the nurse's office on the ground floor that stores impress stock, and this was locked. Robotic packs are also kept in a locked cupboard in the nurse's office.</p> <p>The service works in partnerships with Māori residents currently residing at Highview. The RNs describe providing support and information around medications and side effects of medications to all residents and relatives. This was sighted in progress notes and MDT meeting minutes.</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>There is a small centrally located kitchen. All meals are cooked on site for the facility. A food control plan is in place and expires 31 March 2023.</p> <p>The food services are overseen by a cook. Food is served from the kitchen to the adjacent ground floor dining area. There is a satellite kitchenette on level one adjacent to the dining room where meals are served to residents. Meals are delivered to the upstairs servery on trolleys. Food temperatures are taken before meals are taken upstairs. Residents may choose to have meals in their rooms.</p> <p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Nutritional assessments were evident in a folder for kitchen staff to access. This included consideration of any dislikes, food allergies and dietary needs (including cultural needs). This was reviewed six-monthly as part of the care plan review or sooner if required. The service caters for residents who require texture modified diets and other foods. All food services staff have completed online food safety training. Kitchen staff and healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The service is planning to review menus to support</p>

		<p>cultural beliefs, values, and protocols around food. Māori and whānau shall have menu options culturally specific to te ao Māori.</p> <p>The menu is a four-weekly seasonal menu. The menu has been reviewed by a registered dietitian on 8 July 2021. There was evidence of residents receiving supplements, as prescribed by the GP. Residents on a weight loss plan or special diets are highlighted in the kitchen. Residents are weighed monthly unless this has been requested more frequently due to weight loss. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the six resident files reviewed.</p> <p>Fridge temperatures are monitored and recorded daily in the kitchen. Food in both the upstairs kitchenette and the downstairs kitchen was covered and dated. Cleaning schedules are maintained and signed by staff. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Feedback on the food service is given at the resident meetings. Residents interviewed were complimentary of the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, 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>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service as evidenced in resident files. The service is proactive around referrals to appropriate health and disability services and supports residents to access social supports and kaupapa Māori agencies as required. For transfer, RNs utilise yellow envelope system. Registered nurses interviewed describe access to support through either GP or specialist and allied health professionals (evidenced in referrals).</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 20 December 2022. There is a maintenance request book for repair and maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment was completed in June 2022. Medical equipment, hoists and scales were checked and calibrated in April 2022.</p> <p>The maintenance person works 24 hours a week (Monday-Friday) and provides on call support over the weekend. Residents were observed to mobilise safely within the facilities. There are sufficient seating areas throughout the facilities. There is safe wheelchair access to all communal areas. There is a lift between floors that is large enough for a tilted ambulance stretcher. The manager advised that if residents need to be transported from upstairs in a supine position, then they are transported down the fire escape. Slings and hoists have been checked and resident equipment is available. The manager advised that additional hospital grade beds are available as needed from storage when additional hospital level residents are ready to be admitted.</p> <p>There are handrails around hallways and up raised ramps. Residents and relatives are encouraged to personalise their rooms as viewed on the day of audit.</p> <p>All resident rooms have hand-washing facilities. There are sufficient communal toilets and showers to meet resident requirements. All communal toilets and bathrooms have appropriate signage and locks on the doors. Fixtures, fittings, and flooring is appropriate. Communal, visitor and staff toilets are clearly identifiable, equipped with locks and flowing soap and paper towels. Door labels are written in both English and Māori language throughout the facility. The manager and CEO are aware of their obligation to include Māori input to any new</p>
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		<p>buildings to ensure the design reflects Māori aspirations and identity.</p> <p>All living areas are heated via large heat pumps and resident rooms are appropriately heated with individual heaters. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed, stated they were happy with the temperature of the facility. Smoking is only allowed outside in designated areas.</p> <p>The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the residents' care plans.</p> <p>The prospective owner interviewed stated there are no plans to change the existing environment, or maintenance plans. The prospective owner does not wish to proceed with the application for the reconfiguration of beds (partial provisional audit July 2021).</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>There are policies and procedures on emergency and security situations which outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>There is an approved fire evacuation plan for the current layout and resident cohorts. A fire evacuation drill was last held in August 2022.</p> <p>Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of seven days. There is adequate food supply available for each resident for minimum of seven days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person</p>

		<p>trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. The call bell system has a separate emergency call bell sound and is linked with the pagers and are displayed on a panel near the entrance to alert staff of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>Security policies and procedures are documented and implemented by staff. There are cameras installed throughout the facility. There is security lighting at night and access to the building is by call bell and intercom.</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 service has implemented an infection prevention and control (IPC) and antimicrobial stewardship (AMS) programme to minimise the risk of infection to residents, staff, and visitors. The infection control and AMS management is appropriate to the size and the scope of the service. Infection control is linked into the quality risk and incident reporting system.</p> <p>The registered nurse is the infection prevention and control (IPC) coordinator who oversees infection control and prevention across the service with support from the clinical manager. The job description outlines the responsibility of the role. All policies, procedures, and the outbreak plan have been updated to include Covid 19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The infection control programme is reviewed annually by the infection control coordinator and the clinical manager. It is linked into the quality management system. Internal infection control audits are conducted. The infection control team meets monthly to discuss and analyse infection rates. The infection control coordinator presents graph data and completes a written report which includes possible contributing factors and preventative or corrective measures. Infection rates are reported to the CEO and presented at monthly staff</p>

		<p>meetings and discussed at quality meetings.</p> <p>The service has access to an infection prevention clinical nurse specialist and a gerontology clinical nurse specialist from Te Whatu Ora Southern. The service has worked alongside Te Whatu Ora Southern to develop their pandemic plan. Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. All staff perform a rapid antigen test (RAT) daily.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents and staff are fully vaccinated against Covid-19. There were no residents with Covid-19 infections on the days of audit.</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 designated infection control coordinator has been in the role for seven months. During Covid-19 lockdown there were regular zoom meetings with the Te Whatu Ora Southern and the infection control nurse specialist, which provided a forum for discussion and support for facility. The service has a Covid-19 outbreak plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur.</p> <p>The infection control coordinator has completed an online Healthlearn course and there is good external support from the GPs, laboratory, and the infection control nurse specialist at the Te Whatu Ora Southern. There are outbreak kits readily available and a stock of personal protective equipment.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The infection prevention manual outlines a comprehensive range of policies, standards, and guidelines which are in the process of being updated. Policies are available to staff. Resident education occurs as part of the daily cares. The clinical manager and infection control coordinator has oversight of procurement processes for equipment, devices, and consumables used in the delivery of health care. Any changes to the building would</p>

		<p>also include their input.</p> <p>Hospital-acquired infections are collated along with infection control data. There are policies and procedures around disinfection of reusable equipment. Items required to be sterile are pre-purchased, stored in a clean dry environment and used within the use by date. This includes urinary catheters and catheter packs and wound dressing packs. All equipment used for wound care are single use only. Sharps are disposed of appropriately. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use.</p> <p>The facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff have completed handwashing and personal protective equipment competencies. The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and is working towards sourcing educational resources in te reo. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</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>The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The policy aims to ensure that antimicrobial agents are utilised in a manner that discourages the development of antibiotic resistant bacteria. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of medical practitioners.</p> <p>Infection rates are monitored monthly and reported to the quality meeting and the Board. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The registered nurses ensure the timely and accurate assessment and reporting of infections and liaise with the GP for appropriate treatment. A multidisciplinary approach is taken before prescribing an antimicrobial</p>

		<p>which includes the registered nurse, infection control coordinator, GP, the pharmacist, the resident, and their whānau. The GP is responsible for the diagnosis and treatment and the RN is responsible for ensuring the optimal treatment is provided and accurate documentation using the electronic resident management system. Alternative interventions are considered before the use of antimicrobials.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for infections based on signs, symptoms, and definition of infection. Infections are entered onto the paper-based infection register. Surveillance of all infections is entered onto a monthly infection summary. Infection surveillance is collated monthly by the infection control coordinator and clinical manager. This information is discussed at full staff meetings and reported to the Board. The service receives information from Te Whatu Ora Southern for any community concerns.</p> <p>There has been a Covid outbreak in May and July 2022 where a number of staff and residents were affected. The facility followed their outbreak plan. Outbreak reports sighted. All have been reported to public health. Risk management systems were put in place to minimise the exposure to other residents, staff and public. Residents were isolated and an area for doffing and donning was well set up. Meals were delivered in disposable containers and disposable cutlery used. Families were being kept informed by phone or email. Residents and staff are RAT testing daily.</p> <p>Ethnicity data is not currently included in surveillance monitoring, however, the service is planning to include this in collection data and analyse data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	PA Low	<p>Highview Rest Home has policies and procedures in place for laundry and cleaning services. Product information and safety datasheets are available for all chemicals in use. All chemicals were securely stored. All chemicals were clearly labelled. Protective personal equipment was available in the sluices and laundry. Internal audits around laundry and cleaning have been completed.</p>

<p>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>The laundry area is located outside behind the building and not accessible to residents, with two commercial washing machines and two commercial dryers. The area between the laundry and main building is covered but not fully enclosed to the elements. Currently all linen and personal laundry is laundered on site by the cleaning staff and healthcare assistants. There is colour coded linen bags and all linen and personal clothing items are sorted prior to washing. While there is identified dirty to clean flow in the small laundry, the storage and folding of clean laundry takes place in the linen room which is at level one. The linen room has an iron board and plastic baskets with room numbers on it (this is an improvement since last audit). However, there are no specific handwashing basins in the laundry; hand sanitiser is available. The previous finding (NZS 8134: 2008 criteria 1.4.6.3) remains partially met.</p> <p>Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice on the ground floor and a sluice on the first floor. The previous finding (NZS 8134: 2008 criteria 1.4.1.1) remains unmet as still no sanitiser is in place.</p> <p>The cleaners' trolley was attended at all times and is stored safely when not in use. All chemicals on the cleaner's trolley were labelled. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training.</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</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies</p>

<p>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>and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the CEO includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, eight residents were using a restraint (bed rails) at night only.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions,</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. Completed assessment templates were sighted for the residents using restraint evidencing assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff, taking into consideration</p>

<p>and only use approved restraint as the last resort.</p>		<p>wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the quality meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. There is a restraint approval committee which includes the clinical manager, facility manager, RN's, a level four HCA, and the GP. An annual review of restraint use was completed in August 2022. Individual restraint use is monitored three-monthly as evidenced in resident's files.</p> <p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>Staff monitor restraint related adverse events while restraint is in use. Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including</p>



		RNs and HCA's), confirmed that the use of restraint is only used as a last resort.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Moderate	Meeting minutes follow a set agenda and management advised that staff attend staff meetings two-monthly. However, meeting minutes do not reflect staff participation or evidence the names of staff who attended.	Meeting minutes do not evidence participation or attendance of staff.	<p>Ensure meeting minutes evidence names of staff attending.</p> <p>60 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Moderate	Resident meetings occur three-monthly and provide an opportunity for residents to raise concerns. Not all residents are able to respond or contribute due to communication impairments. Residents have been provided with an annual satisfaction survey and evidence fourteen completed returns. However, there is no evidence of correlation, analysis, or communication of results. Families and whānau have not been	<p>(i). Survey results have not evidenced family involvement since August 2019.</p> <p>(ii). Survey results from Nov 2021 have not been correlated, analysed, or communicated to residents, families, governance, or staff.</p> <p>(iii). The service does not</p>	<p>(i). Ensure residents families and whānau have an opportunity to provide feedback.</p> <p>(ii). Ensure results are correlated, analysed, trends identified, and results provided to all stakeholders.</p>

		provided with an opportunity to complete a survey since August 2019. The service monitors adverse events and infection rates against previous rates, however, does not benchmark against industry standards or relevant performance indicators.	evidence benchmarking of adverse events or infection rates against relevant performance indicators.	(iii). Ensure the service benchmarks against relevant performance indicators.  60 days
Criterion 2.4.1 Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.	PA Moderate	Discussions with healthcare assistants and management identified that there has been a high turnover of student staff. Student staff is often recruited through student job search programmes and skill seek via Work and Income New Zealand. Management continues to interview and employ more staff to ensure there is cover for sick leave etc.	Evidence of reference checking was missing in five of nine staff files (employed since the previous audit) reviewed, including four casual staff and one permanent staff employed since February 2022.	Ensure there is documented evidence to confirm that reference checking is documented as part of the employment process.  60 days
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Moderate	A one-page document confirms new staff orientation has been completed; however, the list does not include role specific requirements or evidence of the content of the training.	The orientation tick sheet does not evidence role specific requirements or clearly identify the content of the orientation provided.	Ensure all new staff receive a comprehensive orientation which includes role specific requirements.  90 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	The human resources policy identifies the requirement to complete annual appraisals for all staff; however, this has not been completed as required.	Five of nine staff files reviewed did not evidence a completed appraisal in the previous 12 months.	Ensure all staff have annual appraisals completed.  90 days
Criterion 5.5.1	PA Low	There is a sluice behind a cupboard on level	There is no sanitiser available	The sanitiser identified

<p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>		<p>one and there is a sluice on the ground floor. It was noted that a number of commodes are used in resident rooms at night. Neither sluice rooms have a sanitiser which has been recommended with the proposed increased use of commodes and hospital residents. The ARRC preparedness review completed by the Te Whatu Ora Southern infection control specialist also identified a partial rating around not having a sanitiser. Staff interviewed indicated a clear understanding of processes and protocols.</p>	<p>in the facility as identified by an infection control specialist.</p>	<p>as required as part of the ARRC infection control audit should be purchased.</p> <p>180 days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <ul style="list-style-type: none"> <li>(a) Methods, frequency, and materials used for laundry processes;</li> <li>(b) Laundry processes being monitored for effectiveness;</li> <li>(c) A clear separation between handling and storage of clean and dirty laundry;</li> <li>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</li> </ul>	<p>PA Low</p>	<p>All linen and personal laundry is currently laundered on site by the cleaning staff and healthcare assistants. There is colour coded linen bags and all linen and personal clothing items are sorted prior to washing. There are no specific handwashing basins in the laundry, but hand sanitiser is available. The previous finding (NZS 8134: 2008 criteria 1.4.6.3) remains partially met.</p>	<p>There are no specific handwashing basins in the laundry; however, hand sanitiser is available.</p>	<p>Ensure there is adequate hand hygiene available in the laundry.</p> <p>180 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.