

# Presbyterian Support Central - Coombrae Elderly Care

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Presbyterian Support Central

**Premises audited:** Coombrae Elderly Care

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 12 October 2022      End date: 13 October 2022

**Proposed changes to current services (if any):** None

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

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Presbyterian Support Central Coombrae Home provides rest home and dementia levels of care for up to 44 residents. There were 42 residents on the days of audit.

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

The service continues to work on constructing an open plan dining area in the dementia unit to enhance the residents' dining experience.

The manager is appropriately qualified and experienced and is supported by a clinical coordinator (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the standard.

## Ō tatou motika | Our rights

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



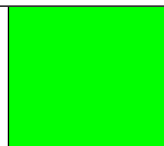
Subsections applicable to this service fully attained.

Presbyterian Support Coombrae provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

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

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses working are responsible for each stage of service provision. The nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

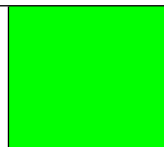
Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed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

The recreation team leader and recreation coordinator provide and implement an interesting and varied activity programme which includes resident-initiated activities in line with the Eden philosophy. The programme includes outings, entertainment and meaningful activities as detailed in the individual activity plans created for each resident.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. 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. Nutritional snacks are available 24/7 in both units. 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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



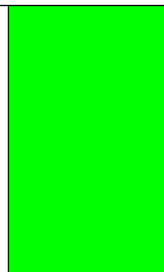
Subsections applicable to this service fully attained.

The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. All bedrooms are single occupancy. There are rooms with ensuites. All communal toilet and bathroom areas are within close proximity to resident rooms. There is enough space to allow the movement of residents around the facility using mobility aids. There are several lounge and dining areas throughout the facility. The internal areas are ventilated and heated. The outdoor areas are safe and easily accessible.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. A staff member trained in CPR and first aid is on duty at all times.

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

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



Subsections applicable to this service fully attained.

Infection 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. Antimicrobial usage is monitored. 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 robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak (Covid) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager who is a registered nurse. There are no restraints currently in use at PSC Coombrae. Minimising restraint 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>As part of staff training, PSC incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Whā Māori Model of Health and wellbeing, and the Eden Alternative principles and domains of wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>PSC has appointed a cultural advisor (based in Whanganui), who is available to all facilities to support the organisations cultural journey. Specialist advice is sought, when necessary, from the local iwi and the local Te Whatu Ora Maori health unit Te Whare Rapuora.</p>

		<p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit, there were Māori staff members. One staff member interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eleven staff interviewed (five healthcare assistants, one recreation team leader, one registered nurse (RNs), one laundry staff, one cook and two cleaners) described how care is based on the resident's individual values and beliefs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p> <p>The Enliven Cultural Advisory Group (CAG) was established in 2018 with the goal of improving the environment, policies and practices to better support Māori health and wellbeing. The group is committed to involve whānau, Māori staff and elders in the co-creation of policies and resources.</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>Presbyterian Support Central recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented as part of the Cultural Appropriate Service policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in a number of different languages including the languages of the Pacific Islands.</p> <p>On the day of audit there were no Pasifika residents living at Coombrae Home. For any residents who do enter the service, ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the electronic resident management system. Families are encouraged to be present during the admission process and the service welcomes input from the resident and family when documenting the initial care</p>

		<p>plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The clinical manager described how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with five rest home residents and six relatives (three rest home and three dementia) identified that the service puts people using the services, whānau, and the Feilding community at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information pack that is provided to new residents and their family. The clinical manager, or clinical coordinator discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There is an independent resident advocate who attends the bi-monthly resident meetings and has their contact details prominently displayed in resident areas throughout the facility. There are links to spiritual support and links with Kaupapa Māori health provider delivering a range of whānau ora services. Church services are held weekly, and a chaplain is available once a week or more often if required.</p> <p>Staff receive education in relation to the Code at orientation and</p>

		<p>through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The clinical manager confirmed that the information provided by the general manager for PSC Enliven was still valid and that the Māori Health Strategy adopted by PSC Coombrae sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. PSC Coombrae have also adopted the four pathways of the original He Korowai Oranga framework.</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>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents (where able) also have control and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. The results of satisfaction surveys completed in September 2022 are still being collated. Residents and families interviewed confirmed they are treated with respect.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Intimate relationships between residents are respected, as evidenced in interviews with staff, with an example given of a married couple within the rest home.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about</p>

		<p>the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. Two chaplains are employed by PSC Coombrae Home for two and a half hours per week to develop relationships with residents and host memorial, Anzac, Easter, and Christmas services. A spirituality policy is in place.</p> <p>The PSC Coombrae annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Comprehensive cultural awareness training is provided bi-annually and covers Te Tiriti o Waitangi, Māori world view (te ao Māori) and tikanga Māori.</p> <p>Te reo Māori is integrated into everyday life at PSC Coombrae, with a Maori HCA advising that those who do speak te reo assist those who do not. The service has signage in te reo and the monthly activities planner include month names in te reo. A Pae Ora intranet site is available for staff to use as a resource. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo me ngā tikanga Māori more visible within the organisation. Staff are supported with te reo pronunciation.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. PSC Coombrae policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. A PSC code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSC code of conduct. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Staff complete education on orientation and annually as per the</p>

<p>are safe and protected from abuse.</p>		<p>training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with 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.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to ensure wellbeing outcomes for Māori residents. There are short and long-term objectives in the PSC cultural safety and Treaty of Waitangi expectation policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities.</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. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic 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 in the progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed, and this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all residents could speak and understand English. Healthcare assistants and registered nurses interviewed described how they would assist residents that do not speak English with interpreters or</p>

		<p>resources to communicate should the need arise.</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 and Te Whatu Ora specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team 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 informed consent forms 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 directive policy which is implemented. 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) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for dementia level residents.</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 complaints procedure is provided to residents and relatives on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been three complaints since the previous audit in 2021. There have been no external complaints. The clinical manager could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the clinical focus meetings and staff meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are usually held bi-monthly (resident advocate attends). Communication is maintained with individual residents with updates at activities and mealtimes and one on one reviews. Residents/relatives making a complaint can involve an independent support person in the process if they choose. On interview, residents and family stated they felt comfortable to raise issues of concern with management at any time.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>PSC Coombrae is located in Feilding and is part of Presbyterian Support Central. Presbyterian Support Central oversee fourteen aged care facilities in the North Island. PSC Coombrae provide rest home and dementia level of care for up to 44 residents (28 rest home and 16 dementia). On the day of the audit, there were 42 residents (26 rest home, and 16 dementia, including two residents on transitional care respite contracts). The remaining residents were on the age-related residential care contract (ARRC).</p> <p>PSC Coombrae has an overarching strategic plan (2020-2025) in place with clear business goals to support their Enliven philosophy.</p>



<p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>The Enliven principles of care is based on the Eden alternative aim to promote positive ageing. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The business plan for (2022-2023) includes a mission statement and operational objectives with site specific goals. The clinical manager reports to the business operations manager, general manager (GM) of Enliven and clinical director.</p> <p>There is a Board of eight directors with Pasifika and Māori representation. The GM of Enliven (has over 16 years' experience with PSC), and roles and responsibility framework for the directors is documented in the Trust Charter. Each member of the Board has their own expertise, and some are appointed by the Presbyterian church. The Board receive a directors' report monthly from the clinical director. Three nurse consultants support the clinical director.</p> <p>The clinical manager confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is Māori representation on the Board that provide advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The Board members completed Mauri Ora, Pepehe, and Karakia orientation.</p> <p>The Board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. A PSC Enliven Wai Ora learning package and Whanau Ora Te Reo education and dictionary is available on the intranet for any staff to access, which the Board have completed in addition to an online seminar on Older Māori in residential care.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, clinical focussed (quality) meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p>
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		<p>The clinical manager (registered nurse) has managed PSC Coombrae for almost three and a half years. Prior to this he worked in health and aged care management roles for eight years.</p> <p>The clinical manager is supported by a clinical coordinator (in the role for five months), a business operations manager, and clinical director from PSC.</p> <p>The clinical manager has completed more than eight hours of training related to managing an aged care facility and include two days cultural training, three-monthly PSC peer support training days with external speakers (ACC, Nursing experts etc.), and twice-yearly PSC RN manager specific training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>PSC Coombrae has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The clinical manager described available reports which are available to review ethnicity data that can be generated for this purpose.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and are updated to meet the new 2021 Standard. New policies or changes to policy are communicated to staff.</p> <p>Monthly senior team meetings, monthly clinical meetings and monthly staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of</p>

	<p>progress and sign off when achieved. Quality data and trends in data are posted on quality noticeboards, located in the staffroom and two nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Quality initiatives for 2022 include maintaining a restraint-free environment, completion of Oranga kaumātua wellness maps for all residents, focus upon accessibility for Māori, and capability in support of Pacific elders.</p> <p>The 2021 resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided. Results were shared with residents and families in the January 2022 meeting chaired by the independent resident advocate.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. Health and safety is a part of all staff and senior management meetings with a focus on health and safety three-monthly as part of the senior team/quality meeting. There are two health and safety representatives, and both have completed level one health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in June 2022 (sighted). Health and safety policies are implemented and monitored by the health and safety committee at Board level. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety is discussed in staff meetings. Staff wellbeing programmes include offering employees the employee assistance programme.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Management and senior staff are</p>
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		<p>encouraged to complete cultural Mauri Ora competency training. Work is also being implemented by the PSC Board to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available if required. Strategies implemented to reduce the frequency of falls include the use of sensor mats, regular resident checks, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses and clinical coordinator evaluate interventions for individual residents. Residents are encouraged to attend daily exercises (move to music) as part of the activities programme.</p> <p>Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, medication errors, skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally with the other PSC homes and externally with other aged residential care groups. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Neurological observations were consistently recorded as per policy. Relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event.</p> <p>Discussions with the clinical manager and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around a power outage, absconding residents and registered nurse shortages. There has been one outbreak (Covid-19) since the previous audit, which was appropriately managed, and staff debriefed.</p>
Subsection 2.3: Service management	FA	There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>delivery of care and support. The registered nurses, activities staff and over fifty percent of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirm that overall staffing is adequate to meet the needs of the residents. Agency staff are available in the local area; however, Enliven has their own bureau pool which is utilised in the first instance after opportunities to utilise casual staff have been explored. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews.</p> <p>The clinical manager is available Monday to Friday and the clinical coordinator is available Tuesday to Saturday. They share an on-call roster with the RN staff.</p> <p>The rest home (Ahihi) is rostered as one unit: An RN is rostered from 07.30 to 16.00, Sunday to Wednesday.</p> <p>Healthcare assistants staffing for 26 current residents:</p> <p>AM shift: one long (07.30- 16.00) shift and one shorter shift (07.00-15.30).</p> <p>PM shift: one long (15.45- 00.15) and one shorter shift (15.45 – 22.00)</p> <p>Night shift: one long (00.00- 08:00) and one shorter shift [floater] (00.00-07.30)</p> <p>The dementia unit (Wahi Haumarū): has 16 residents:</p> <p>AM shift: 3 x HCAs (07.30-16.00, 07.30-15.45, 08.30-12.30)</p> <p>PM shift: 3 x HCAs 15.45-00.15, 15.45-00.00, 17.00-21.00 [floater]</p> <p>Night shift: 1 x HCA 00.00-07.45</p> <p>A recreation team leader and recreation officer work from 10:30 am to 5 pm Monday to Friday, with volunteers supporting the programme on</p>
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		<p>the weekends.</p> <p>A cleaner works from 7.30 am - 3.30 pm, laundry 9 am - 3 pm and kitchen hands work from 8 am - 2 pm and from 4 pm – 7.30 pm. A cook works from 9.30 am – 6 pm.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Enliven essentials and clinical topics), which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 26 healthcare assistants, 6 have completed their level four qualification, 11 have completed their level three qualification and 5 have completed their level two qualification. Four new healthcare assistants are enrolled. It is a requirement of their employment that they complete level two within two years. Eleven of the HCAs work in the dementia unit, with seven having attained the dementia unit standards, and four being in progress.</p> <p>Additional RN specific competencies include, male/female/suprapubic catheterisation, and interRAI assessment competency. Three RNs (including the clinical manager and clinical coordinator) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. The PSC intranet has extensive resources relating to Māori health equity data and statistics available to staff. The service implements an environment that encourages collecting and sharing of high-quality Māori health information.</p> <p>Staff last attended cultural awareness training in August 2022. PSC is</p>
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		<p>working towards providing an organisation specific cultural competency to reflect their understanding of providing safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The clinical manager confirmed PSC invests in the development of organisational and staff health equity expertise through extensive training and the availability of educational resources. Staff are being encouraged to complete the online Mauriora training that includes a competency assessment.</p> <p>The service encourages all their staff to attend meetings (eg, staff meetings, senior team meetings). Resident/family (as opposed to resident only) meetings are held six-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Local Employee Assistance Programme (EAP) are available to staff that support staff to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored electronically. Seven staff files reviewed (two RNs including the clinical coordinator, two healthcare assistants, one recreation team leader, one cleaner and one cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>positive behaviours and values, responsibilities, and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed-up on the electronic system and easily retrievable when required.</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><b>Subsection 3.1: Entry and declining entry</b></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 who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The clinical manager and clinical coordinator (registered nurse) screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The clinical manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals. These records are shared with head office; however, these records do not currently capture ethnicity. The service is actively working towards gathering specific entry and decline rate data pertaining to Māori.</p> <p>The service receives referrals from the NASC service, Te Whatu Ora Mid Central and directly from whānau.</p> <p>The service has an information pack relating to the services provided at the Coombrae facility and the Enliven philosophy which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and</p>

		<p>whānau-centred approach to services provided. Interviews with residents and family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff who identified as Māori. The service has linkages with local iwi and Te Whatu Ora services who would be available to support individuals and whānau if required.</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>Seven resident files were reviewed (four rest home and three dementia – including one respite). The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The service implements the Eden Alternative ten core principles and seven domains of wellbeing, with the aim of creating a community where the residents have companionship, variety, fun, a sense of belonging, meaningful activity, and purpose. The resident care plan and integrated records evidence the implementation of this philosophy.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include dietary details, emotional needs, spirituality, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days for long-</p>

		<p>term residents and first interRAI assessments had been completed within the required timescales for all residents, excluding the short-term respite resident who had an initial support plan in place. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once-weekly and provides out of hours cover. The GP (interviewed) commented positively on the excellent communication and quality of leadership at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Residents with disabilities are assessed by the contracted physiotherapist and equipment is available as needed. The service contracts with a physiotherapist as required and a podiatrist visits every six to eight weeks. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Mid Central.</p> <p>Care staff 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 electronically every shift and as necessary by HCAs and at least weekly by the registered nurses. The nurses further add 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, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was consistently documented on the electronic</p>
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		<p>resident record.</p> <p>There were six current wounds including skin tears and lesions. All wounds reviewed had comprehensive wound assessments including photographs to show healing progress. An electronic wound register and wound management plans are available for use as required. There is access to the wound nurse specialist via Te Whatu Ora Mid Central. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated electronic resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which</p>	<p>FA</p>	<p>The service employs two recreation officers (out of two only one is a trained diversional therapist) who leads and facilitates the activity programme Monday to Friday (both works 53 hours per fortnight). Weekends are classed as family time and HCAs facilitate activities for those residents interested utilising resources readily available in the activities resource room. A weekly activities calendar is posted on the noticeboards and on whiteboards located on each side of the lounge and dining area. The activity team is supported by a team of four volunteers and two canine friends.</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>Group activities are provided in the communal areas, a dedicated activities lounge, in seating areas and outdoors in the gardens when weather permits. Group activities are varied to meet the needs of both higher functioning residents and those that require more assistance. On the days of the audit, residents were observed being involved with a variety of activities. The group activities programme is developed monthly and published weekly.</p> <p>Individual activities are provided in resident's rooms or wherever applicable. There is a set activity programmes for the facility with specific dementia activities being undertaken. Residents in the dementia unit regularly join the rest home residents for activities and there are activities held in the dementia area as well. Activities available for dementia residents include memory baskets, paint books, music, DVDs, and story books. The activity plan is resident-focused and is planned around meaningful everyday activities and includes singing, baking, bowls, sewing, housie and church services. Once a month there is a music appreciation session, with the residents choosing which musician's music is to be played.</p> <p>The recreation team leader interviews each newly admitted resident on or soon after admission and takes a social history. This information is then used to develop an activities plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation process.</p> <p>A record is kept of individual resident's activities and monthly progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan. There is a wide range of activities offered that reflect the residents' needs. Participation in all activities is voluntary.</p> <p>There is a members' only Facebook page to facilitate communication between residents and staff and includes photographs of residents engaged in activities where permission has been given for these to be published. Verbal consent is gained from residents or EPOA and this is included in the general consents.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (registered nurses, and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. No standing orders were in use and no vaccines are kept on site. There were no residents self-</p>

		<p>administering medicines at the time of audit; processes are in place if needed.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals and baking are prepared on site under the supervision of the cook (who has been in this role for four months and is enrolled in training). Meals are prepared in the main kitchen and transported to the dementia unit in a bain-marie where HCAs serve the residents.</p> <p>There is a food services manual in place to guide staff and a current food control plan expiring 23 January 2023.</p> <p>A resident nutritional profile is developed for each resident on admission and is provided to the kitchen by the registered nurses. The kitchen can meet the needs of residents who require special diets. Kitchen staff have completed food safety and chemical safety training. The cook follows a five-week seasonal rotating menu, which has been reviewed by the contracted company's dietitian in June 2021. There are nutritious snacks available at all times.</p> <p>The cook (interviewed) was able to describe alternative meals offered for residents with dislikes and food is fortified for residents with weight loss. The kitchen is well equipped, and temperatures of refrigerators, freezers and cooked foods are monitored and recorded and are all within safe limits. There is special equipment available for residents if required.</p> <p>All food is stored appropriately. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing. Residents and the family members interviewed were happy with the quality and variety of food</p>

		<p>served.</p> <p>Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents are included in the menu. Families are encouraged and supported to provide cultural dishes where required or requested. The cook is involved in the activities theme months particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested.</p>
<p>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 residents and family/whānau 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 (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies where indicated or requested.</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</p>	FA	<p>The building holds a current building warrant of fitness (expires 8 July 2023). The maintenance person works 25 hours a week plus on-call after hours. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and</p>



<p>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>calibration in September 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>Contractors are utilised to maintain the gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All outdoor areas have seating and shade. There is safe access to all communal areas with resident access on a walking track around the building. There are also quiet areas around the facility that provide privacy when required.</p> <p>The dementia unit is secure and can be accessed by secure keypad, and has several areas designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. There is a safe and secure outside courtyard that is easy to access. The dementia area has raised bed gardens and an aviary in the outdoor area. There is one large lounge and a smaller sunny lounge area that looks over the internal courtyard. The unit has single rooms with shared bathrooms and toilets. The service continues to work on constructing an open plan dining area in the dementia unit to enhance the residents' dining experience.</p> <p>The rest home unit has two bedrooms with ensuites, and other residents share communal toilets and showers. The shared bathrooms have privacy locks. Residents interviewed noted their privacy is assured when staff are undertaking personal cares. There is a large central dining room for the rest home residents. There are several lounge areas and sitting rooms in the rest home.</p> <p>There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility</p>
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		<p>equipment. Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating. The service has no current plans to undertake new building construction. PSC has a centralised process which engages Māori representatives in focus groups to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved, should any construction occur in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures that guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place 24 August 2022. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. A contracted service provides checking of all facility equipment including fire equipment. The facility is well prepared for civil emergencies and has civil defence kits (readily accessible) that are checked monthly. There are adequate supplies in the event of a civil defence emergency including food, water (in containers changed six-monthly, along with two large tanks adjacent to the building), blankets, torches, batteries, and radio.</p> <p>There are two back-up generators on site and a barbeque and gas bottles for alternative cooking source. Emergency lighting is checked. The staff interviewed were able to describe the emergency plan and how to implement this. Fire training and security situations are part of orientation of new staff. A minimum of one person trained in first aid is on site at all times. There are call bells in the residents' rooms and lounge/dining areas. Residents were observed to have their call bells</p>

		<p>in close proximity.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally.</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>	FA	<p>A registered nurse oversees infection control and antimicrobial stewardship (AMS) programme across the service with support from the clinical manager. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the clinical nurse consultants and infection control committees. Infection control audits are conducted. Infection matters are raised at monthly staff meetings. Infection rates are presented at staff meetings and discussed at senior team meetings. Infection control data is also reviewed by the nurse consultants and benchmarked against other PSC central facilities and externally with other aged care groups. Infection control is part of the strategic and quality plans. The governing body receive reports on quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and AMS on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora Mid Central. Visiting hours are controlled. Visitors and contractors are to wear mask at all times when in facility.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The infection control coordinator is a registered nurse has been in the role for the last three years and is supported by the clinical manager. During Covid-19 lockdown there were regular zoom meetings with Te</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>Whatu Ora Mid Central and PSC Central support office which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed study days in infection control through Te Whatu Ora in addition to PSC annual peer support training. There is good external support from the GP, laboratory, and the PSC nurse consultants. There are outbreak kits readily available and a personal protective equipment (PPE) cupboard and storeroom. There are supplies of extra PPE equipment as required.</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. Policies and procedures are reviewed by the PSC nurse consultants in consultation with infection control nurses. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. The service's infection prevention and control policies acknowledge the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. The infection control coordinator has input into the procurement of medical supplies. Infection control input into any new buildings or significant changes occurs at national level and would involve the central office clinical team.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and</p>
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		<p>control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical focus group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the PSC Coombrae infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal benchmarking is completed by the clinical manager and quarterly external benchmarking is completed by the clinical director.</p> <p>Infection control surveillance is discussed at staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The</p>

		<p>service receives information from Te Whatu Ora Mid Central for any community concerns.</p> <p>There has been one outbreak (Covid- June 2022) since the last audit. The facility successfully followed and implemented their pandemic plan. Staff wore PPE, and residents and staff were and continue to complete rapid antigen tests (RAT) daily. Families were kept informed by phone or email, and visiting was restricted to end of life only.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site. The laundry has a clean/dirty flow with defined areas and the laundry is operational seven days a week. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry assistant interviewed was knowledgeable around the systems and processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	FA	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint was being considered in the facility.</p> <p>The designated restraint coordinator is the clinical manager. At the</p>

<p>practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the clinical, staff and senior team meetings. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

No data to display
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End of the report.