

Villages of New Zealand (Pakuranga) Limited - Park Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Villages of New Zealand (Pakuranga) Limited	
Premises audited:	Park Rest Home	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 25 October 2022	End date: 26 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:	35	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Park Rest Home provides services for up to 40 residents. The service is owned and operated by Villages of New Zealand (Pakuranga) Limited. The only significant change to the service has been the appointment of a new clinical services manager. The clinical services manager was already employed by the service as the clinical coordinator.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Counties-Manukau. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. The facility is managed by an experienced manager supported by an experienced clinical services manager who has clinical oversight of the facility. Residents and whānau were complementary about the care provided.

Areas requiring improvement were identified in relation to the completion of medication competency for staff administering medication and dietician menu review.

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.

Park Rest Home provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There are health plans that encapsulate care specifically directed at Māori, Pacific people, and other ethnicities. The service has staff who are Māori and Pasifika, and it encourages a Māori world view of health in service delivery. There is policy in place to ensure that Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Application of this was not able to be confirmed as there are no Māori residents in the service at the time of audit.

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

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on the Code.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. The residents confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies, including external Māori cultural entities who are mana whenua.

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.		Some subsections applicable to this service partially attained and of low risk
--	--	--

The governing body assumes accountability for delivering a high-quality service. Strategic and policy documentation outlines how the service will honour Te Tiriti o Waitangi and reduce barriers to improve outcomes for Māori, Pasifika, and people with disabilities.

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
--	--	--

Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

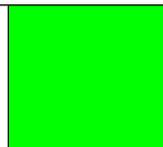
There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with whānau, residents, and staff. Residents and whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioners (GPs) are responsible for all medication reviews.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day. Residents are referred or transferred to other health services as required.

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

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.



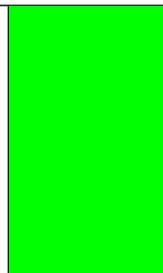
Subsections applicable to this service fully attained.

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

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. There are first aid certified staff on duty 24 hours per day, seven days per week. Staff, residents and their whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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



Subsections applicable to this service fully attained.

The governing body of Park Rest Home ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service has been a restraint free environment since 2016. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. Documentation to ensure there is a comprehensive assessment, approval, monitoring, and review process is in place should this be required in the future. Staff interviewed demonstrated a sound knowledge and understanding of the restraint process, providing least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	1	0	0
Criteria	0	154	0	2	1	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>Park Rest Home has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Residents and whānau interviewed reported that staff respected their right to self-determination (mana motuhake). The te whare tapa whā care model is used across the organisation.</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. There were no Māori residents in the facility during the audit. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, social, and psychological health of the residents.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation though how they will accomplish this is yet to be decided. Ethnicity data is not yet gathered when staff are employed but the service will do this in the future. It plans to engage with an external human resource</p>

		<p>consultancy to manage any changes required.</p> <p>The service can access support through Te Whatu Ora Counties-Manakau should this be required but has no other external Māori support from the local community at this time.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific Peoples and cultural awareness policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples.</p> <p>There were no Pasifika residents in the facility during the audit to verify that their worldview, cultural and spiritual beliefs were embraced.</p> <p>The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation. Staff who identified as Pasifika are employed within the organisation, though not in leadership of training roles. Ethnicity data is not yet gathered when staff are employed but the service will do this in the future. It plans to engage with an external human resource consultancy to manage any changes required.</p> <p>The service does not yet have access to local Pasifika communities and is looking to further opportunities for engagement within the local community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori, English and New Zealand Sign languages.</p> <p>There were no residents who identified as Māori on the audit days. The clinical manager (CM) reported that the service will recognise Māori mana motuhake (self-determination) of residents, whānau, or</p>

		their representatives by involving them in the assessment process to determine residents' wishes and support needs.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents are supported in a way that is inclusive and respects their identity and experiences. Whānau and residents, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The CM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff have completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation and annually. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as the translation of English words to Māori.</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>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected. Professional boundaries are maintained. The CM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Whānau</p>

<p>are safe and protected from abuse.</p>		<p>members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents. The CM reported that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened too. EPOA/whānau stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a next of kin or whānau contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through the Te Whatu Ora if required. Staff can provide interpretation as and when needed and use whānau as appropriate.</p> <p>The CM reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau to translate and regular use of hearing aids by residents when required is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will</p>	<p>FA</p>	<p>The nursing team and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that</p>

<p>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>informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GPs make a clinically based decision on resuscitation authorisation in consultation with residents and their whānau. The CM reported that advance directives are explained and encouraged.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their whānau members' lives. All consent forms are signed and filed in residents' files. In interviews conducted with residents they reported that they felt safe, protected, and listened to and happy with care/consent processes.</p> <p>The CM reported that, tikanga best practice guidelines in relation to consent during care are observed when required.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There have been no complaints received from internal or external sources since the previous audit, but there is a clear process in place to manage any complaints that are brought to the service's attention in a culturally appropriate way, and for complainants to be informed of the outcome of their complaint.</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>	FA	<p>Villages of New Zealand (Pakuranga) Limited assumes accountability for Park Rest Home delivering a high-quality service and maintaining compliance with legislative, contractual, and regulatory requirements. Directors have not yet undertaken education in Te Tiriti, health equity, and cultural safety. The service does not yet have meaningful Māori representation on its board but equity for Māori, Pasifika and tāngata</p>

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>whaikaha is addressed through policy documentation and enabled through choice and control over their supports and the removal of barriers that prevent access to information and safe mobility.</p> <p>The Park Rest Home Strategic Plan identifies the purpose, mission, values, direction, and goals for the organisation, with monitoring and review of performance at planned intervals. The plan has yet to incorporate some aspects of the Ngā Paerewa standard in relation to antimicrobial stewardship (refer criterion 5.1.1). The service is committed to restraint elimination and has been restraint free since 2016.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. Park Rest Home has an experienced village manager (VM) who manages the facility with the support of an experienced clinical manager (CM) who is responsible for clinical services.</p> <p>Governance documentation sighted demonstrated commitment to quality and risk management. A sample of reports showed adequate information to monitor performance is recorded.</p> <p>The VM and the CM maintain currency within the field. Both have been employed within the aged care sector for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. Monthly reporting outlines an overview of adverse events, infection control, health and safety, restraint, complaints, staffing, and outcomes from internal auditing. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed. A sample of documentation reviewed showed adequate information to monitor performance is reported.</p> <p>The service holds contracts with Te Whatu Ora Counties-Manukau for the provision of age-related residential care (ARRC) rest home and hospital care, short-term residential care (respite), and with the Taikura Trust (under 65). During the audit 18 residents were receiving</p>
--	--	--

		rest home care, 16 hospital level care, and one under the Taikura Trust contract.
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, bruises/grazes, and medication errors), complaints, audit activities, and policies and procedures. Trends show low levels of adverse events with appropriate clinical mitigation where required. Progress against quality outcomes is evaluated. Quality data is communicated and discussed; this was documented in meeting minutes and confirmed by staff at interview.</p> <p>The VM and CM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori.</p> <p>Residents, whānau, and staff contribute to equity and quality improvement through the ability to give feedback at meetings. Meetings have been curtailed at times due to COVID-19 lockdowns and then through COVID-19 infection of residents and staff. In the absence of meetings, information has been disseminated and feedback sought to/from residents, their whānau, and staff. Residents and their whānau reported a very high level of satisfaction with the service during audit interviews.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The VM and CM understood and have complied with essential notification reporting requirements. There have been 28 section 31</p>

		<p>notifications completed since the last audit, all in relation to registered nurse shortage. A mitigation strategy has been put in place to ensure there is access to a registered nurse (RN) 24 hours per day/seven days per week (24/7). This has been achieved by having senior, medication competent, caregivers on night duty with an RN 'sleeping over' in an apartment that is attached to the care facility. The apartment is associated with the adjacent retirement village that is also owned by Villages of New Zealand (Pakuranga) Limited.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). This works alongside the Te Whatu Ora Counties-Manukau requirement that there be 24/7 RN cover when there are hospital level residents in the facility. There were 16 hospital level residents in the service during the audit. The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>There have been difficulties with 24/7 RN cover due to the nationwide shortage of registered nurses. The service is actively advertising and recruiting for vacant positions. Currently the night duty is being covered either by an RN or, when an RN is unavailable, by a senior, medication competent caregiver. If the senior caregiver is covering the RN shift, a further caregiver is rostered for extra support (one senior caregiver/three caregivers). If there is no RN rostered for night shift, there is an RN onsite and available to attend residents as requested by the senior caregiver. Staff interviewed reported that the RN was prompt to attend when called and that they felt well supported. There is at least one staff member on night duty who is first aid certified.</p> <p>Other than this, there is RN coverage on morning and afternoon shifts in the facility and at least one staff member on duty has a current first aid certificate. The RNs are supported by caregivers, six in the morning and five in the afternoon. The service also employs three diversional therapy/activities coordinators over five days of the week. Domestic (cleaning and laundry) and food services are carried out by</p>

		<p>dedicated support staff seven days per week. The CM is onsite five days per week and, along with the group clinical manager (who is a registered nurse), covers a clinical 'sleepover' on-call. To support The VM works five days per week and is on-call for maintenance issues.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments, except for medication competency (refer criterion 3.4.3). The service supports caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification and registered nurses to maintain competency with the Nursing Council of New Zealand (NCNZ).</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment and an employee directed employment assistance programme is available to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of seven staff records were reviewed (two RNs, three caregivers, one activities coordinator, and one cleaner) and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation.</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>A register of practising certificates is maintained for RNs and associated health professionals (the general practitioner (GP), physiotherapist, podiatrist, pharmacists, and the dietitian).</p> <p>Debrief for staff is outlined in policy. Staff interviewed confirmed the opportunity for debrief and support is available to them including access to an employee assistance programme.</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>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Information that is held electronically is password protected. Paper-based records are held securely and available only to authorised users.</p> <p>Residents' records are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data except in recording admission/decline rates.</p> <p>Residents' files are integrated electronic and hard copy files. Files are held securely for the required period before being destroyed. No personal or private resident or staff information was on public display during the audit.</p> <p>Park Rest Home is not responsible for National Health Index registration of people receiving services.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose 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>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital, and young people with disabilities (YPD) level of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CM reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The resident/ and their whānau are referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents who identified as Māori at the time of the audit. The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports</p>	<p>FA</p>	<p>All six (6) residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs,</p>

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff that include the nursing team and care staff. Cultural assessments were completed by the nursing team who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or whānau, responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented detailed strategies to maintain and promote the residents' independent well-being were sighted.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GPs visit the service once a week and are available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GPs, CM, RNs, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and whānau.</p>
---	--	---

		<p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the nursing team as evidenced in the records sampled. Interviews verified residents and whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tangata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau who identify as Māori when required.</p> <p>Residents who are assessed as young people with disability (YPD) had their needs identified and managed appropriately.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities for rest home and hospital level of care residents are conducted by a diversional therapist (DT) with oversight from the senior activities coordinator who has a primary school teaching background. The senior activities coordinator manages the village entertainment programme and helps with rest home and hospital activities when required. The DT reported that the programme runs from Monday to Sunday and activities staff do rotational shifts to cover weekends. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are conducted</p>

		<p>monthly. A social life history assessment detailing residents' life history is completed for each resident within two weeks of admission in consultation with the resident and their whānau.</p> <p>The activity programme is formulated by the activities staff in consultation with the village manager, nursing staff, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home, and hospital level of care. The resident assessed as requiring YPD care participates in activities of their choice and is in paid employment five days a week.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau and friends. Van trips are conducted once a week except under COVID-19 national restrictions.</p> <p>The activities staff reported that if there are residents who identify as Māori and opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with various Māori community organisations around the area and by celebrating religious and cultural festivals.</p> <p>EPOA/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over the counter</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and addressed promptly. Records were sighted.</p> <p>The RNs were observed administering medications safely and correctly in the upper and lower wings, respectively. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medicines. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>An improvement is required to ensure medication competencies for all staff administering medicines are current.</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>PA Low</p>	<p>The kitchen service complies with current food safety legislation and guidelines. Meal services are prepared onsite. There was an approved food control plan which expires on 14 December 2022. Kitchen staff have current food handling certificates.</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>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Residents are given a choice to select the meals they want daily. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded on the electronic management system.</p> <p>EPOA/whānau and residents interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also.</p> <p>The service implemented a project to improve breakfast experiences for residents in the care facility. This was implemented successfully with use of individual trays; a breakfast guide was created, and new breakfast cards designed with clear signage for full trays. A draft preparation breakfast procedure was put out and all care staff had a toolbox education. The clinical improvement service advisor supported care staff for two weeks on early morning shifts, from 5 am to 7 am to assist in demonstration and setting up trays. Residents commented positively on the appearance of the trays and how they were enjoying their breakfast, and this was further reiterated by EPOA/whānau. Interviewed staff reported that they felt empowered</p>
---	---

		<p>and relieved of workload.</p> <p>Evidence of menu review by the registered dietitian was not sighted on the day of the audit.</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>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CM reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GPs, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness which expires on 12</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>March 2023. There are currently no plans for further building projects requiring consultation, but the directors of Villages of New Zealand (Pakuranga) Limited are aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment is comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the differing needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas for leisure activities with appropriate shade and seating.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment in hospital level rooms. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security with the exception of one window, which is placed high on the wall but still provides natural light. Electric heating is provided in the facility which can be adjusted depending on seasonality and temperature.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. There is at least one member of staff on duty with documented current first aid certification 24/7. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. External doors are locked for entry at night. Staff wear</p>

<p>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>name badges that are easy to read.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 12 November 2003 and the requirements of this are reflected in the Fire and Emergency Management Plan. The approval requires fire evacuation training at least six-monthly and training was held on 11 January 2022, 12 April 2022, and 14 June 2022. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Villages of New Zealand (Pakuranga) Limited has identified infection prevention and control (IPC) as integral to the Park Rest Home service and part of its quality programme. While policies and procedures are in place to manage infection prevention and antimicrobial stewardship (AMS), AMS is yet to be implemented as part of its strategic planning process and reporting process (refer criterion 5.1.1).</p> <p>The IPC programme is linked to the quality improvement programme and appropriate to the size and complexity of the service., however, AMS is not yet specifically reported through to governance level (refer criterion 5.1.3). Expertise and advice are sought as required following a defined process and includes escalation of significant events, most notably to regional public health and Te Whatu Ora Counties-Manukau. Events and trends are reported and managed at increasingly senior levels; through the care team, the clinical team, at clinical advisory level and to the board as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	<p>FA</p>	<p>The service has a documented infection prevention and control programme that is reviewed annually. The CM is the appointed infection prevention and control coordinator (IPCC) supported by the group clinical manager and clinical services improvement advisor. A position description for the IPCC was in place.</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>The service has guidelines to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There is a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring records, depending on alert levels by the MOH, were documented. COVID-19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on-site. There were two exposure events due to Covid-19 in March 2022 and July 2022, where a total of 28 residents were affected. All events were managed according to policy. The facility was closed to the public, with GPs, whānau, residents, and relevant authorities notified promptly. Documented evidence of meetings with Te Whatu Ora Counties-Manukau, staff, and whānau notifications was sighted.</p> <p>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed, and all corrective actions are documented, as verified.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff through the electronic record management system. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitizers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p>
---	--	---

		<p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the CM, group clinical manager, clinical services improvement advisor or other external facilitators. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The CM completed various infection prevention and control training online, such as hand hygiene, pandemic planning, outbreak training, RAT testing, donning and doffing PPE.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service is committed to responsible use of antimicrobials. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The CM is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. The IPC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through Te Whatu Ora Counties-Manukau, the medical laboratory, and the attending GPs.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and health and safety quality/meetings. Infection data is compiled,</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>documented, and reported to the care village manager, group clinical manager, and clinical services improvement advisor. All monthly infection control reports, infection control surveillance, and yearly infection control reports were sighted. Infection control audits were completed, and corrective actions implemented.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GPs were informed on time when a resident has an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working towards ensuring surveillance of healthcare-associated infections includes ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>The policy describes safe and appropriate storage and disposal of waste, and infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. All staff interviewed demonstrated awareness of safe and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff were observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site, or by whānau if requested. The laundry has a clear separation of clean and dirty areas. The residents and whānau interviewed expressed satisfaction with the laundry management and reported that the clothes are returned promptly. There are designated laundry and cleaning staff. All have received appropriate annual training in chemical safety and infection control, including COVID-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the</p>

		<p>locked storeroom. There are cleaning rooms where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to COVID-19. The residents and whānau interviewed reported that the environment was clean. The care staff demonstrated a sound knowledge of the laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Park Rest Home is a restraint free environment, no restraint been used in the facility since 2016. There were no residents using restraint during the audit.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the clinical manager who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques (last in May 2022). Restraint was understood by the staff interviewed. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation, including to governance level.</p> <p>The RC in consultation with the multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or whānau as part of the decision-making process.</p> <p>The RC continues to maintain a restraint register. The RC, in conjunction with the clinical team undertakes a six-monthly review of all residents who may be at risk and outlines strategies to be used to prevent restraint being required. Any changes to policies, guidelines,</p>

		<p>education, and processes are implemented if indicated.</p> <p>Given no restraint has been used since 2016, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
--	--	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There have been difficulties with 24/7 RN cover at Park Rest Home. Currently the night duty is being covered either by an RN or by a senior, medication competent caregiver. If there is no RN rostered for night shift, there is an RN onsite and available to attend residents as requested by the senior caregiver. There was evidence in the clinical documentation in residents' files that RNs on duty through the 'sleepover' arrangement had attended to residents. When sleeping over, the RN stays in an apartment owned by Villages of New Zealand (Pakuranga) Limited. The apartment complex is on the same premises as the care centre and is very close (a lounge area only separates the two). Staff interviewed reported that the RN was prompt to attend when called and that they felt well supported. There is at</p>	<p>The service is not meeting the contractual requirement of Te Whatu Ora Counties-Manukau for hospital level care There were a number of night shifts that did not have a RN on duty.</p>	<p>The service is to continue efforts to recruit RNs, analyse rosters to ascertain opportunities to better utilise RN resources and/or consider the number of hospital level residents receiving care so that there are sufficient RNs on site to provide clinically safe services.</p> <p>90 days</p>

		least one staff member on night duty who is first aid certified.		
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>The medication policy requires all staff who administer medicines to have current medication competencies. On review of staff records it was noted that 10 RNs and nine care staff including casual staff's medication competencies were out of date. The group clinical manager, village manager, clinical services improvement advisor and clinical manager immediately implemented a risk management plan to mitigate the gap in the system. A total of four RNs and one care giver had their medication competencies completed on the day of the audit. Other staff members were scheduled to have their competencies completed. There are potential medication safety risks if this is not addressed promptly as more care staff administer medicines at the facility. Evidence of this was verified. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p>	<p>Medication competencies for 10 RNs and nine caregivers were not current.</p>	<p>Provide evidence of completed medication competencies for all staff administering medicines.</p> <p>7 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	<p>PA Low</p>	<p>There is a four-weekly cycle menu for the residents which includes the summer and winter menu. The registered dietitian is responsible for reviewing the nutritional value of menus; however, this has not been completed in the last two years to meet the policy and legislative</p>	<p>The menu has not been reviewed by the registered dietitian in the last two years.</p>	<p>Ensure menu is reviewed every two years to meet with current policy and legislation requirements.</p> <p>90 days</p>

		requirements. Nutritional profiles were completed on admission, six monthly and when required by the nursing team.		
--	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.