

Whitehaven Healthcare Limited - Glendale Retirement 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 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: Whitehaven Healthcare Limited

Premises audited: Glendale Retirement Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 7 December 2022 End date: 8 December 2022

Proposed changes to current services (if any): Total bed numbers have been reduced from 34 beds to 33. Management advised that the Ministry of Health and Te Whatu Ora Southern have been advised.

Total beds occupied across all premises included in the audit on the first day of the audit: 30

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

Glendale Retirement Home provides care for up to 33 rest home level residents. On the day of the audit there were 30 residents. The service is privately owned and operated by an experienced manager.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand Southern. 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.

There are robust 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. A comprehensive ongoing education plan is implemented.

The manager is supported by a quality coordinator and a registered nurse.

This certification audit identified the service is meeting the intent of the Ngā Paerewa Health and Disability Services 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.

Glendale Retirement Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan documented.

Residents receive services in a manner that considers their dignity, privacy, and independence. Glendale Retirement Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices.

Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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 manager and registered nurse are responsible for the day-to-day operations of the facility. The business plan includes a mission statement, values, strategic themes, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff. Internal audits, meetings, and collation of data that have been completed were well documented with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and in-service training programmes are in place with appropriate skills and knowledge to deliver care. A comprehensive ongoing education plan is implemented. Health and safety is appropriately managed and staff wellbeing is a priority.

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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An admission package is available prior to or on entry to the service for prospective residents and family/whānau. Residents are assessed prior to entry to the service. Care plans are individually developed with the resident, and family/whānau involvement is included where appropriate and evaluated six-monthly or more frequently when clinically indicated. Risk assessment tools and monitoring forms are available to effectively assess the level of risk and support required for residents. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff who administer medications have completed annual competencies for medication administration. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements an interesting and varied activity programme which includes resident-led activities and meets the needs of individual residents. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Food services are provided on site Monday to Friday and a contracted food service company transport meals to the rest home each weekend. The menu is designed by a dietitian with summer and winter menus. Dietary requirements and individual preferences are provided as required.

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.
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The building holds a current warrant of fitness. Reactive and preventative maintenance is carried out. Residents are able to freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised. Glendale has policies and procedures for civil defence and other emergencies and six-monthly fire drills have been conducted. Staff have planned and implemented strategies for emergency management including Covid-19. Each duty has a rostered staff member with a current first aid certificate. The resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff in the evenings/overnight and security lights are installed externally.

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.

A suite of infection control policies and procedures are documented and in place to minimise the risk of infection to consumers, service providers and visitors. The pandemic plan has been developed in partnership with Te Whatu Ora. The infection control programme is appropriate for the size and complexity of the service and provides information and resources to inform service providers. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the owner.

The registered nurse is the infection control coordinator. The infection control team have access to a range of resources, including from Te Whatu Ora. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking within the electronic system occurs. Staff are informed about infection control practices through meetings, and education sessions.

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 have been Covid exposure events, and these have been well managed. There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely. There are dedicated housekeeping staff who provide all cleaning duties. 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.

There are no restraints used at Glendale. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint in an emergency, as the last resort. The restraint coordinator is the registered nurse. Maintaining a restraint-free environment is included as part of the education and training plan.

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	169	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 policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. The service currently has no residents who identify as Māori. There are Māori staff currently employed at Glendale Retirement Home.</p> <p>Clinical resources in the documentation folder include information from and links to the Ministry of Health Māori Health “He Korowai Oranga. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>Glendale Retirement Home is committed to providing a service that is responsive and inviting for Māori. The service receives support from integrated health, education, and social services through Arai Te Uru Whare Haurora. The management team has implemented initiatives that support the use of te reo and tikanga into everyday practice with posters, signage around the facility and the use of te reo Māori in</p>

		<p>activities and conversations. Evidence of attempts to meet with the local marae was sighted, however, to date there has been no response. The service is working on developing relationships with Māori organisations.</p> <p>The service provides an environment which encourages staff diversity, an inclusive workforce and provides information in te reo, to promote Māori staff to attain NZ standards qualifications. On interview, staff confirmed management support the employment of Māori staff when they apply for vacant positions.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Ten staff interviewed (one registered nurse, six caregivers, one diversional therapist, one cook and one cleaner) described ways they work in a culturally safe manner in relation to their roles.</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>Glendale Retirement Home implements a Pacific Peoples policy based on the Ola Manuia Pacific Health and Wellbeing Action Plan that align with the requirements of the Health and Disability Commissioner. Resources are available to all staff in the policy manual, that includes information documented in Tongan, Samoan and Cook Islands languages. Information for staff includes documentation on: Pacific people health equity; access to webinars for Pacific people; cultural safety in aged care and Pacific people; and advanced care planning. The service has a comprehensive Pacific resident assessment and care plan available with associated cultural practices and protocols.</p> <p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan. There were no residents that identified as Pasifika. Individual cultural beliefs are documented in all residents' care plans and activities plans.</p> <p>There are currently staff who identify as Pasifika. The service has relationships with the local Pacific community through staff and ex staff members. The external policy consultant has had input and</p>

		<p>advice from a Pacific advisor with Pasifika documentation related to assessments and care plans.</p> <p>Interviews with staff (including Pasifika), five residents and two relatives and documentation reviewed, identified that the service puts people using the services, whānau, and communities 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>Glendale Retirement Home policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori, Samoan, Cook Island Māori, Tongan and Chinese. Monthly resident meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff have received education in relation to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. On interview, staff demonstrated a comprehensive understanding of the role of the advocate. During interview, management confirmed residents were provided with opportunities to discuss or clarify understanding of their rights. An advocacy representative attends residents' meetings once a year. Interactions observed between staff and residents were respectful.</p> <p>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. On interview, the residents stated they were encouraged to</p>

		<p>be as independent as possible, identify care preferences and set their own goals during care planning. One of the residents was observed independently setting dining room tables for the midday meal.</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>Resources include policies on: consumer rights; diversity and inclusiveness; intimacy and sexuality; spirituality and counselling; and human rights and non-harassment. Policies are being implemented that align with the requirements of the Health and Disability Commissioner.</p> <p>Staff interviewed confirmed with examples provided, that the things that are important to residents, shape the care and support they receive. Staff are trained around the Code of Rights at orientation and through regular in-services. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life.</p> <p>Glendale Retirement Home delivers training that is responsive to the diverse needs of people accessing services. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff receive education on tikanga Māori. Waitangi Day, Matariki and Māori language week are celebrated throughout the service. The use of te reo Māori is encouraged throughout all departments of the service. Doors are sign written in te reo Māori and English and there are posters on communal noticeboards displayed in te reo Māori and English. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori.</p> <p>Caregivers interviewed described how they work together during their shifts to ensure they are flexible to meet each person's needs. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy</p>

		<p>is in place.</p> <p>Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2022 resident survey identified 70% of respondents expressed a high level of satisfaction around privacy, dignity, and resident rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Glendale Retirement Home policies document zero tolerance to abuse and neglect in any form. The policy prevents any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff have been provided with education on how to identify abuse and neglect annually. Staff are aware of how to value the older person by showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The relatives interviewed confirmed that the care provided to their family member is excellent.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>There are policies on professional boundaries, a code of conduct, house rules and position descriptions which are discussed during the new employee's induction to the service. There was evidence of staff signing the code of conduct policy. Staff signatures confirm understanding and agreement. Professional boundaries education is provided annually. Staff education is also provided on understanding and preventing discrimination, racism, stigma, and bias. Interviews with the manager, registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The service utilises Te Whare Tapa Whā based holistic model to ensure wellbeing outcomes for Māori residents. The cultural safety and identifying inequity education resource material provides staff and management an opportunity to discuss how institutional and systemic racism affect residents in care at Glendale Retirement Home. On</p>

		<p>interview, staff had a good understanding of inequity in relation to care. Policies and care plans reviewed evidenced a strengths-based model of care is embedded.</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. Monthly resident meetings are held, and meeting minutes reviewed identified feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whanau/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family/whānau communication sheet that is held in the front of the resident's file. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not understand English; however, there were residents who had difficulty speaking. On interview, staff described options to ensure resident communication was maintained.</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/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice, wound care specialist and Te Whatu Ora specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The manager and registered nurse 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. Six resident files reviewed included admission agreements with informed consent sections for photos, release of information and transport of residents signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance care planning and resuscitation policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were in resident files where available. Certificates of mental incapacity signed by the GP were also on file where appropriate.</p>
<p>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 manager logs all complaints on a paper-based complaints register.</p> <p>There were two complaints logged for 2021 and no complaints logged for 2022 year to date. Complaints are documented in the complaints register and includes evidence of investigation, follow up, and replies to the complainant within the timeframes set out by the Health and Disability Commissioner. The manager and the quality assurance manager manage all complaints. Staff are advised of complaints and corrective actions through meetings.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available in the reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and are chaired by the diversional therapist.</p>

		<p>Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services.</p> <p>There have been no complaints received from external agencies since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Glendale Retirement Home is a privately-owned service that provides rest home level care for up to 33 residents. On the day of audit there were 30 rest home residents including two residents on younger person with a disability contract (YPD). All other residents were under the age-related residential care (ARRC) contract.</p> <p>The philosophy and mission is to offer care that exceeds the residents' expectations. The service has a documented vision, values and strategic themes, business quality risk and management plan for 2022 to 2023 that describes annual goals and objectives. A strengths, weakness, opportunities, and threats analysis identify specifics for the service. Goals and objectives for 2021 were reviewed, and goals for 2022 have been set and include establishing links with Māori groups in the community and to review policies and procedures to meet the 2021 Ngā Paerewa Standard. Goals and objectives for 2022 have been reviewed by the owner. The 2022 core and quality goals are reviewed at monthly management meetings as evidenced in meeting minutes. A report including progress against the goals is completed by the manager and sent to the owner every four months.</p> <p>The facility is privately owned. The current owner is off site and has owned the business since 2015. The manager and quality assurance manager are responsible for the day to day running of the facility. The manager is non-clinical and has been in the role for seven years and is supported by a quality assurance manager, registered nurse, and a team of experienced care staff. The facility manager reports to the owner regularly to ensure they are up to date with all aspect of the service. On interview, the management team (manager, RN, and quality assurance manager) discussed cultural education and demonstrated knowledge, commitment and understanding of equity of services for Māori residents. The owner acknowledges Te Tiriti o</p>

		<p>Waitangi as the founding document of New Zealand. The manager has completed external cultural training and on interview demonstrates expertise in Te Tiriti, health equity and cultural safety. The manager has completed eight hours of professional development related to managing a rest home.</p> <p>The service receives support from Ara Te Uru Whae Haurora who provides guidance and leadership to the management team to assist with implementing solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Policies from the external provider have been reviewed by representatives from Ngati Maru and Ngaa Rauru.</p> <p>Meetings and satisfaction surveys provide a forum for residents and relatives to provide feedback around all aspects of the service to achieve equity. The management team ensure there is no barriers for any residents or family/whānau accessing information or services as appropriate, to enhance resident outcomes.</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>	FA	<p>Glendale Retirement Home has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings, to the manager and the owner. The management team undertakes regular reviews and analysis of practice to improve health equity, as evidenced in meeting minutes, monthly analysis of quality data and review of staff, resident, and family satisfaction surveys.</p> <p>Resident meetings are held monthly. Minutes are maintained. An annual resident and relative survey conducted in February and March 2022 evidenced positive results and comments relating to the care and services provided at Glendale Retirement Home.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is working towards meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies have been updated to meet the 2021 Standard. New policies or changes to policy are communicated to staff via staff</p>

		<p>meetings and handovers.</p> <p>All staff have recently completed cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements. Action plans are developed when service shortfalls are identified, and these are monitored by group office. Results are communicated to staff at the monthly staff/quality/health and safety and infection control meetings and reflect actions being implemented and signed off when completed. Communication to staff is enhanced by handovers at each shift change.</p> <p>Health and safety policies are implemented and monitored through the monthly health and safety meetings, infection control meetings, management team meetings and combined quality and staff meetings. Risk management, hazard control and emergency policies and procedures are in place. The quality coordinator who is a trained health and safety representative was interviewed about the health and safety programme. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made.</p> <p>All incidents and accidents are recorded, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover. Twelve incident reports for October, November and December 2022 were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations have been conducted. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the registered nurse in conjunction with the manager.</p> <p>Discussions with the manager, quality coordinator and registered nurse evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications since the last audit in February 2021 (notifying</p>
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		<p>of an external assault and planned management changes). Public Health and Te Whatu Ora Southern have been notified of Covid outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The manager, registered nurse, diversional therapist, and all caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that staffing is adequate to meet the needs of the residents. On interview, residents and family/whānau confirmed there were sufficient staff available to answer bells and meet resident needs on all shifts. The registered nurse provides on-call cover for clinical concerns. The manager is available 24/7 for non-clinical matters if required. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The management team provides an environment which values the wellbeing of staff. On interview, all staff were positive about the support management provides.</p> <p>Education in 2021 and 2022 has been provided according to schedule. There is a comprehensive subject list which includes all mandatory topics. Additional external training opportunities for care staff include training through Te Whatu Ora- Southern and hospice, online resources and attendance at Te Whatu Ora – Southern training sessions. Attendance records and additional online certificates evidence high levels of participation from all staff.</p> <p>Staff have been provided with cultural training specific to Māori and the Treaty of Waitangi. Staff (including the management team) have completed the online Mauriora course and compliance with Te Tiriti o Waitangi requirements in Ngā Paerewa Health and Disability Services Standard. Cultural training content includes up-to-date information on Māori health outcomes and disparities, and health equity. On interview staff had good knowledge and understanding of health</p>

		<p>equity. Staff meetings provide a forum for the sharing of health information.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of seventeen caregivers, three have level four NZQA qualifications, seven have completed their level three qualifications and a further five are currently completing their level three qualification. Both diversional therapists have level four qualifications. Two caregivers are international trained registered nurses.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include: medication; cultural; restraint; gas and LPG; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; and moving and handling. The registered nurse is interRAI trained. The management team provides an environment which values the wellbeing of staff. On interview, all staff were positive about the support management provides.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held at Glendale Retirement Home in the central administration office in a locked filing cabinet. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There is an appraisal policy. All staff who have been employed for over one year are to have an annual appraisal completed. Completed orientation documentation and up-to-date appraisals were evident in the files reviewed.</p> <p>There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. A copy of practising certificates is maintained for all health professionals.</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</p>

		<p>at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. An orientation programme for volunteers is available.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified on commencement of employment.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. A plan and process are in place for management following a sentinel event. Wellbeing support is provided to staff by offering payment for counselling and stress leave where required. Staff wellbeing is recognised through acknowledging individual staff contributions and commitment during the Covid pandemic, including pamper packs. A wellness survey is distributed to staff annually and results are analysed. Where opportunities for improvement are identified, changes are implemented.</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>	FA	<p>Resident paper-based files and the information associated with residents and staff are retained in hard copy, and electronically. Electronic information (eg, policies and procedures, incidents and accidents, trend analysis, meeting minutes) are backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	FA	<p>Residents' entry into the service is facilitated in a competent,</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>equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to Glendale. The six admission agreements reviewed meet all service agreement requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The registered nurse and manager are available to answer any questions regarding the admission process and a waiting list is managed. The manager advised the service openly communicates with potential residents and family/whānau during the admission process; this was confirmed through resident and family/whānau interviews. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents, which is evident on individual resident files reviewed. The service is able to analyse this data for the purposes of identifying entry and decline rates for Māori. The service has a relationship with a Māori organisation who are available to provide support for any future residents and family/whānau who identify as Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>FA</p>	<p>Six resident files were reviewed including one resident on a YPD contract. The RN is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All resident files reviewed have admission assessment information collected and an initial care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files</p>

<p>whānau to support wellbeing.</p>	<p>reviewed. There is a cultural assessment and behavioural assessments have been utilised where needed. Routine interRAI assessments and long-term care plans had been evaluated in five of six long-term resident files. One resident had not been at the service long enough for an evaluation. The registered nurse interviewed described working in partnership with the resident and family/whānau to develop the initial care plan and long-term care plan.</p> <p>The care plans are handwritten and are resident focused, individualised and identified all support needs, goals, and interventions to manage socio-cultural and medical needs/risks. Care plans include allied health and external service provider involvement. Caregivers, and the RN described how the care they deliver is based on the four cornerstones of Māori health model Te Whare Tapa Whā, evidenced in the reviewed resident files. The long-term care plan includes planning areas of need and support. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>All resident files reviewed had been assessed by the general practitioner (GP) within five working days of admission. There is a GP from a local medical centre who visits weekly. The GP provides 24/7 on-call cover. The RN provides on-call after hours for phone support and advice when needed. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through Te Whatu Ora Southern.</p> <p>The manager and RN describe working in partnership with residents and family/whānau to ensure residents have the opportunity to identify their own pae ora outcomes. All residents, including tāngata whaikaha are not restricted in accessing information, care and supports they need to achieve their goals and aspirations.</p> <p>Appropriate assessments are completed when there is a change in a resident's health needs such as infections, wounds, or recent falls and short-term care plans are initiated. These are signed off when the issue has resolved, or they become included in the long-term care plan. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated</p>
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		<p>and are documented within the progress notes.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN communicates with the resident's family/ whānau and adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with a GP. Family/whānau have been notified of all changes to the resident's health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. Family/whānau contact is recorded in the resident's file. Wound assessments and wound management plans which included progress photos were reviewed for four residents with wounds. A wound register is maintained. The wound specialist is available to review wound management as required.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care and pressure injury prevention resources. There is access to a continence specialist as required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist (DT) is experienced having worked for eight years in the role. The DT works 32 hours per week. These hours are flexible as the DT will work at other times as required for specific weekend or evening activities. The activities are displayed and include (but not limited to): exercises; quizzes; news and views; quoits; housie; mini golf; bowls; happy hour; word games; baking sessions; music therapy which includes te reo Māori; Māori Language Week; knitting and craft; and van outings. Seasonal celebrations include, but are not limited to: Anzac Day; Easter crafts and church services; mid-winter; pink ribbon day; Matariki; Waitangi Day; St Patricks day; Father's Day; and Mother's Day.</p> <p>The programme allows for flexibility and resident choice of activity.</p>

		<p>There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged to maintain links to the community. Residents are supported to achieve activities such as making their own sandwich for lunch, setting and clearing tables, folding towels, and going to the supermarket. There are resources available for staff to use for one-on-one time with the residents and for group activities.</p> <p>One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. On the day of the audit residents were observed enjoying entertainment and residents interviewed expressed their enjoyment of the programme.</p> <p>Individual activities plans were documented in resident files reviewed. The service facilitates opportunities for Māori to participate in te ao Māori. A detailed note is documented weekly, and the activities component of the long-term care plan is evaluated six-monthly.</p> <p>The service receives feedback and suggestions for the programme through one-on-one conversations, monthly resident meetings, and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided. Resident satisfaction survey results from 2021 showed 98% satisfaction with the activities programme. The 2022 survey evidenced 88% satisfaction and 10% unable to comment.</p> <p>The service continues to implement a holiday planning programme which has previously been awarded a continuous improvement rating. Holidays have happened in the past with a range of trips - locally and regionally as well as overseas cruises occurring. The next planned trip is for July 2023 to the Pacific Islands and will include residents and a group of volunteers to support them. An annual calendar is also a long-term project which includes involving residents and family/whānau if consent is required for photographs. On interview residents were able to describe being involved in a photo shoot and the enjoyment they had in being able to share the calendar with family.</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 staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. A medication audit completed in June 2022 showed full compliance.</p> <p>Medications are stored safely in a locked cupboard. The RN and medication competent caregivers' complete annual competencies and education. Regular and 'as required' medications are administered from prepacked blister packs. The packs are checked by a medication competent caregiver on delivery and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were three residents self-administering medication on the day of audit, all had appropriate assessment and reviews in place. All medication errors are reported, investigated, and documented on incident reports.</p> <p>Medication fridge temperatures and the room air temperature was checked daily and recorded. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status noted. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. All 'as required' medications had prescribed indications for use, and effectiveness of 'as required' medication had been documented in the medication system. The RN interviewed described discussing medication changes, side effects and answering resident questions around medications, this was evidenced in resident documentation and confirmed in resident and relative interviews.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system. Rongoa – traditional healing and hauora – health and wellbeing are recognised by the Glendale staff as optimising of hauora for residents.</p>
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<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>On the day of audit, the dining room was observed, and specialised utensils are available for residents as necessary. Residents may choose to have meals in their rooms. A dietary assessment is completed by the RN as part of the assessment process and includes likes and dislikes. There was evidence of residents receiving supplements which are prescribed by the GP. Fridge and freezer temperatures are monitored and recorded daily in the kitchen. Food in the fridge and freezers were covered and dated.</p> <p>A food control plan is in place. The meal service is provided on site Monday to Friday and at weekends there is an external contractor providing the food service. Food is transported to the rest home via hot boxes. Staff record the temperature of hot and cold dishes prior to serving. All staff involved in food handling complete appropriate training in this.</p> <p>Kitchen assistant and caregivers interviewed understood basic Māori practices in line with tapu and noa. Family/whānau are encouraged and supported to provide cultural dishes where required or requested. Glendale includes cultural days in their activity plan and the menu is substituted to accommodate cultural meals, supporting residents to experience culturally diverse food.</p> <p>Cleaning schedules are documented. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings. Resident satisfaction surveys are completed annually. The July 2022 survey showed 75% resident satisfaction with the quality of meals. Residents interviewed expressed their overall satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the resident's clinical file. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded in the care plan. These sections were completed in the six resident files reviewed.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Documented policies and procedures ensure exit, discharge or transfer of residents are undertaken in a timely and safe manner. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care, as evidenced in resident files. The service is proactive around referrals to appropriate health and disability services and supports residents to access social supports and Kaupapa Māori agencies as required. The RNs refer to all nursing specialist and members of the allied health team. The GP makes referrals to medical specialists as evidenced in resident files. All referral documentation is filed in the resident's file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires December 2022. Preventative and reactive maintenance schedules are in place. There are two staff employed to work in maintenance. A maintenance book for repairs and maintenance requests is located in the nurse's station and is checked regularly and signed off when repairs have been completed. The annual maintenance plan includes electrical testing and tagging (completed in September 2022), resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Medical equipment is checked and calibrated annually as scheduled. The maintenance person also maintains gardens and grounds.</p> <p>There is a safe outside area that is easy to access. The exterior has been well maintained and there is outdoor shaded seating. 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. The furnishings and seating are appropriate for residents' needs. There is safe access to all communal areas. Caregivers interviewed confirmed there is adequate equipment to carry out the cares according to the resident needs, as identified in</p>

		<p>the care plans.</p> <p>A large dining area is located directly off the kitchen/servery area. This area is available for entertainment as was seen on the day of the audit. There is a further small adjoining lounge area which can be closed off from the dining area. There is a whānau room for gatherings. Residents interviewed reported they are able to move around the facility and staff assisted them when required.</p> <p>All resident rooms are single rooms with shared ensuites. Five resident rooms are up a flight of stairs and there is a chair lift to be used as required for residents who live in that area or for family/whānau. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. The communal bathrooms are well signed and include privacy locks. Visitor toilet facilities are available. Toilets and bathrooms have te reo Māori signage. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene. The resident rooms are spacious and meet the resident's assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms were personalised.</p> <p>All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.</p> <p>The Māori health plan states that the service will consult with their local Māori tikanga advisors in relation to ensuring any new building design is appropriate for Māori and that any barriers to access which are related to environment have been factored into building design.</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>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, and gas cooking. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid is rostered on shift at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Call bells are tested monthly, and the call bell audits in 2022 showed full compliance as part of a maintenance audit.</p> <p>The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The registered nurse is the infection control coordinator who oversees infection control and prevention across the service, with support from the management team and infection clinical nurse specialist from Te Whatu Ora- Southern. The job description outlines the responsibility of the role. The infection control programme including infection prevention and antimicrobial management, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>Infection control is linked into the quality risk and incident reporting system. Internal infection control audits are conducted. The infection control and antimicrobial stewardship (AMS) programme is reviewed</p>

		<p>annually by the house GP. Infection control data is benchmarked against industry standards and previous results. The infection control team consisting of the infection control coordinator, manager and quality coordinator meet monthly to discuss and analyse infection rates. The infection control coordinator checks and compiles data monthly with a comprehensive review of each individual infection. A written report which includes possible contributing factors, and preventative or corrective measures is given to the management team. Infection rates are graphed and presented at monthly quality and staff meetings.</p> <p>Infection control is part of the strategic and quality plans. The owner receives reports on progress, quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, and antimicrobial stewardship on a four-monthly basis. Additional reports are sent for significant infection events and outbreaks. During the recent Covid outbreaks, the owner received daily updates.</p> <p>The service has access to an infection prevention clinical nurse specialist and a gerontology clinical nurse specialist from Te Whatu Ora- Southern. The service has worked alongside Te Whatu Ora- Southern to develop the pandemic plan.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all staff are fully vaccinated against Covid-19. All residents have received the first and second vaccines and the first booster, however, where residents refused additional boosters, this has been respected.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	<p>FA</p>	<p>The designated infection control coordinator is the RN who has been in this role for six months. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora – Southern 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</p>

<p>navigate and messages are clear and relevant. 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 management of lockdown, screening, transfers into the facility and positive tests.</p> <p>There are a suite of infection control policies and procedures available to staff including, (but not limited to): outbreak management; vaccinations; apron usage; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved by the management team and verbal approval from the owner. The owner confirmed they are kept informed around infection control matters. There is external support from the GP, laboratory, and support from the infection control specialist, wound nurse specialist and Well South. There are outbreak kits readily available stored upstairs. There are supplies of extra personal protective equipment (PPE) available as required. Additional supplies can be ordered through the Ministry of Health.</p> <p>There are policies and procedures in place around reusable and single use equipment. Hospital-acquired infections are collated along with infection control data. Items required to be sterile are pre-purchased, stored in a clean, dry environment and used within the use by date. This includes urinary catheters and catheter packs and wound dressing packs. All equipment used for wound care are single use only. Sharps are disposed of appropriately. All shared equipment is appropriately disinfected between use. Internal audits tools have been updated to reflect the NZS 8134:2021 standard in relation to cleaning, the environment and reusable equipment. During Covid, all infected residents had their own thermoscans and pulse oximeters in their rooms.</p> <p>The service's infection control policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, by acknowledging the spirit of Te Tiriti. The service is incorporating te reo Māori into infection prevention information for Māori residents. The policies have been reviewed by the external provider with input from infection control specialists and Māori health representatives. The infection control coordinator has input in the procurement of medical supplies. If the owner was planning any building or major refurbishments, the manager confirmed the infection control coordinator would be involved, as confirmed during interview with the owner and the</p>
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		<p>manager.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Infection control training for staff is completed annually. There has been additional training and education around Covid-19 and staff were informed of any changes by notices, handovers, and emails. Staff completed Covid preparedness training. 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 and outbreaks through resident meetings, phone calls, 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 antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The policy aims to ensure that antimicrobial agents are utilised in a manner that promotes effective treatment, while not encouraging the development of antibiotic resistant bacteria. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of the medical practitioner.</p> <p>Infection rates are monitored monthly and reported to the management, staff and quality meeting and four-monthly to the owner. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The policy aims to limit the use of antibiotics to situations where they deliver the greatest clinical benefits.</p> <p>The registered nurse ensures the timely and accurate assessment and reporting of infections and liaises with the GP for appropriate treatment. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the registered nurse, infection control coordinator, GP, the pharmacist, the resident, and their whānau. The GP is responsible for the diagnosis and treatment and the RN is responsible for ensuring the optimal treatment is provided and accurate documentation using the electronic resident management</p>

		system. Alternative interventions are considered before the use of antimicrobials.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The aim of the monitoring (surveillance) of infections policy is to minimise the incidence of infections through ongoing monitoring of type, frequency and any other relevant or possible contributing factors.</p> <p>Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into an individual infection report, and the infection control nurse compiles a monthly summary report which includes possible contributing factors and preventative or corrective measures. This report is presented to the infection control team consisting of the manager and quality coordinator. The infection control team work together and discuss and document an end of month analysis, with any trends identified and corrective actions for infection events above the industry key performance indicators. The service is incorporating ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at the quality and staff meetings and a four-monthly report is sent to the owner. The service receives information from Te Whatu Ora - Southern for any community concerns.</p> <p>There has been two Covid outbreaks in June and October 2022 where a number of staff and residents were affected. The facility followed their pandemic plan. Outbreak reports and debrief meeting minutes sighted. All have been reported to Public Health. Risk management systems were put in place to minimise the exposure to other residents, staff and public. Residents were isolated, an area for doffing and donning was well set up, and residents were kept in their rooms with designated staff members to complete cares. Families were kept informed by phone or email. Staff perform rapid antigen tests (RAT) daily.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff

<p>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 antimicrobialresistant organisms.</p>		<p>and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are available in the combined sluice/laundry and the additional separate sluice room. Both rooms are secured with keypads. Personal protective equipment including gloves, aprons and goggles are available for staff throughout the facility. There is a locked cleaner's trolley and cupboard. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning staff. Laundry is laundered on site by care staff who follow documented policies and procedures. The facility satisfaction survey March 2022 reported 100% satisfaction with laundry services.</p> <p>The cleaner's trolley is locked away in the cleaner's cupboard. All chemicals on the cleaner's trolley were labelled and in original containers. Chemicals are stored in the lockable cupboard in the cleaning trolley when in use. The cleaner interviewed could easily describe processes in line with current best practice. The two cleaners have both completed level three cleaning qualifications.</p> <p>There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule (March 2022). Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.</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>There is no restraint in place at Glendale. The RN/restraint coordinator interviewed described the focus on maintaining a restraint-free environment. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times if restraint was to be considered, Glendale would work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Staff complete an annual restraint competency and in-service education on restraint includes alternative cultural-specific</p>

		<p>interventions, and de-escalation techniques. The use of restraint (if any) would be reported in the monthly quality meetings. If restraint was used, the RN would include this in the monthly clinical report. The manager interviewed described the focus on maintaining a restraint-free environment and stated the owner is supportive of providing equipment resources to ensure a restraint-free environment.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.