# Strathallan Healthcare Limited - Strathallan Lifecare

## Introduction

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

The audit has been conducted by 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Strathallan Healthcare Limited

**Premises audited:** Strathallan Lifecare

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

**Dates of audit:** Start date: 2 November 2022 End date: 3 November 2022

**Proposed changes to current services (if any):**  Dementia unit beds have been reduced from 21 to 20 beds to provide a treatment room reducing overall bed numbers from 88 to 87.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 43

# 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 haumaru │ 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 |
|  | 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

Arvida Strathallan provides hospital (geriatric and medical), rest home and dementia care for up to 87 residents. At the time of the audit there were 43 residents.

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. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The recently appointed village manager is supported by a clinical manager and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

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

## Ō tatou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |

Arvida Strathallan provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

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

## Hunga mahi me te hanganga │ Workforce and structure

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| --- | --- | --- |
| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

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

There are human resources policies including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service have an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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| --- | --- | --- |
| 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. |

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general or nurse practitioner and visiting allied health professionals.

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

The wellness activities champions provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available. The service has a current food control plan. Planned exits, discharges or transfers were coordinated.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single. There is a mixture of rooms with full ensuite or shared bathrooms and toilet facilities. Rooms are personalised. The dementia unit is secure and can be accessed by secure keypad, and has several areas designed so that space and seating arrangement provides for individual and group activities.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks, and these have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi │ Restraint and seclusion

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| 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. |

Strathallan Lifecare has restraint minimisation and safe practice policies and procedures in place. At the time of the audit there were no residents requiring restraint. Staff receive training around restraint minimisation and the management of behaviours that challenge. The clinical manager is the designated restraint coordinator.

## 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 | 161 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.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. | FA | A Māori health plan is documented for the service. The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health. A Māori consultant has been contracted to provide input into the Māori health plan and updated Arvida policies and procedures and is also responsible for the cultural training programmes for the Executive Team, managers, and staff. Strathallan is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whanau and evidence is documented in the resident care plan. The village manager stated they interview all Māori applicants when they apply for employment opportunities at Strathallan. At the time of the audit there were two staff who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti O Waitangi within the service, welcoming, recognising and supporting Māori employees and residents. Eleven staff interviewed; three caregivers (wellness partners), one clinical coordinator, one enrolled nurse, one activities coordinator (wellness leader), one kitchen manager, one maintenance coordinator, two housekeepers and one laundry worker staff confirmed all cultures were treated equally and welcomed to the workplace. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The village manager has reached out to the local Marae to establish a relationship with the Māori community. The service currently has residents that identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education. Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Caregivers and the wellness leader were able to describe how care is based on the resident’s individual values and beliefs.  |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.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. | FA | On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Management interviewed advised that family members of Pasifika residents will be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Resident’s whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework which is still in the development stage. Four stages have been identified for implementation and include setting the foundations, develop commitment, deliver the action plan and providing leadership. The organisation is working towards developing a meaningful and collaborative working relationship with Pasifika communities to provide guidance in the development of a Pasifika health plan. The wellness leader has engaged with the local high school for their Pacific Island group to come to Strathallan. The Pasifika group performed a lakalaka (a cultural dance) for the residents in September 2022.There are some staff who identify as Pasifika. The village manager described how Strathallan is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service is actively recruiting staff and on review of onboarding documentation, there was evidence of equitable processes. Interviews with four rest home residents and four relatives (two rest home and two dementia) identified that staff put residents, family/whānau and the community at the heart of their services. |
| Subsection 1.3: My rights during service deliveryThe People: My rights have meaningful effect through the actions and behaviours of others.Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations in English and te reo Māori.Details relating to the Code are included in the information that is provided to new residents and their family. The village manager, clinical manager or clinical coordinator discuss aspects of the Code with residents and their relatives on admission. Discussions relating to the Code are also held during the two-monthly resident/family meetings. All residents and family interviewed reported that the residents’ rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.There are links to spiritual supports. Church services are held weekly, shared between the various denominations. All residents are invited and supported to attend if they so wish.Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff. |
| Subsection 1.4: I am treated with respectThe People: I can be who I am when I am treated with dignity and respect.Te Tiriti: Service providers commit to Māori mana motuhake.As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Caregivers and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over the activities they participate in. The service’s annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in December 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents’ preferred names. Values and beliefs information is gathered on admission with relative’s involvement and is integrated into the residents' care plans. The Arvida Attitude of Living Well encourages a resident-led culture of care that ensures each resident’s values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident’s individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementing the kia ora challenge, considering aspects of signage that reflect the use of te reo Māori and are sharing knowledge around the values underpinning tikanga principles.Te Tiriti o Waitangi, te Reo and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents. |
| Subsection 1.5: I am protected from abuseThe 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. | FA | An abuse and neglect policy is implemented. One aim of the staff handbook is to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person’s values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status). The Arvida values actively encourage an attitude to care which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble and flexible and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons showing them respect and dignity. All residents and families interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with RNs and Wellness Partners (caregivers) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents’ strengths and encouraging autonomy and independence for all residents.  |
| Subsection 1.6: Effective communication occursThe people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Information is provided to residents/relatives on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the resident’s progress notes. Sixteen accident/incident forms reviewed identified relatives are kept informed. Families interviewed stated that they are kept informed when their family member’s health status changes or if there has been an adverse event. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.The service communicates with other agencies that are involved with the resident such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. Clinical review meetings are held weekly. The village manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Families are invited to attend. |
| Subsection 1.7: I am informed and able to make choicesThe 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.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.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. | FA | There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Seven electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents’ electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. All residents in the dementia unit had activated EPOA’s. Where EPOA’s had been activated a medical certificate for incapacity was on file.An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative’s lives. Discussions with the caregivers and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents’ rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs in August 2022. The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents’ cultural identity and acknowledge the importance of whānau input during decision making processes and planning care.  |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.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.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. | FA | The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Fourteen complaints were lodged in 2021 and three complaints have been lodged in 2022 (year-to-date). There have been no complaints from external agencies. Complaints logged include an investigation, outcome, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly, chaired by the activity coordinator (wellness leader). The village manager is present during a portion of the meeting. Family/whānau confirmed during interview the village manager is available to listen to concerns and acts promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreter contact details are available.  |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.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.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. | FA | Strathallan Lifecare is owned and operated by the Arvida Group. The service provides care for up to 87 residents across 30 dual purpose (rest home or hospital) beds, 27 hospital level beds, 20 dementia level care beds and 10 serviced apartments certified to provide rest home level care. At the time of the audit there were 43 residents in total, 23 rest home residents (including five in the serviced apartments) and 20 dementia level care residents. All residents were admitted under the age-related residential care (ARRC) contract. One room in the dementia unit has been reconfigured into a treatment room. The beds in the dementia unit have reduced from 21 to 20, reducing the overall bed numbers from 88 to 87. There were no hospital residents at the time of audit. Strathallan management with the support of Te Whatu Ora and support office staff transferred all hospital residents to other local facilities in June and July 2022. This followed the resignation of a number of registered nurses who commenced employment with Te Whatu Ora. At the time this audit was undertaken, there was a significant national health workforce shortage. The registered nurse shortage leading to this situation should be read in the context of this national issue. The service is recruiting registered nurses and is planning to reopen the hospital beds in January 2023.Arvida group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each Village which links to the Arvida vision, mission, values, and strategic direction. The overall goal is to engage the resident as a partner in care – this puts the resident at the centre of care, directing care where they are able and being supported by and with whanau as much as practicable. This is reviewed each year and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is responsible to ensure the goals are achieved and record progress towards the achievement of these goals.Arvida`s group board of directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (CFO) and chief operational officer (COO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers. Village managers have overall responsibility, authority, and accountability for service provision at the village. Each village manager has a support partner that provides mentoring and reports through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters and occupancy. The Executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a health equity group that is responsible for the Arvida Group’s overall clinical governance, reviewing and implementation of Ngā Paerewa. The village manager oversees the implementation of the quality plan. The clinical managers provide regular reporting to the village manager that include infection control and analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.The overarching strategic plan has clear business goals to support their philosophy of ‘to create a great place to work where our people can thrive’. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. At a strategic level, Arvida will expand on Ngāti Rēhia relationships for all new developments and establish partnerships around health services provision to kaumātua. The working practices at Arvida Strathallan is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.Through implementation of the Attitude of Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are always respectful of the resident’s preferences, expectations, and choices, recognising that the resident and whānau must be at the heart of all decision making. It involves all staff in every village and every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme to support a resident centric environment.The village manager (non-clinical) has been working at Strathallan Lifecare for two and a half months and has eighteen years previous experience as a manager at another Arvida facility. The village manager is supported by a clinical manager who commenced their role at Strathallan at the same time as the village manager. The management team are supported on site by a clinical coordinator, experienced staff, and household staff.  |
| Subsection 2.2: Quality and risk 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.Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.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. | FA | Arvida Strathallan has effective quality and risk management programmes in place. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. New policies or changes to policy are communicated to staff.Monthly village quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Results from the resident and family satisfaction surveys (completed in December 2021) were positive. Results were communicated to staff and residents/families, evidenced in meeting minutes. Overall, the care areas evidence most residents are satisfied with the care they receive.The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to Strathallan health and safety representatives. The Strathallan health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff/quality meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system. Each event involving a resident reflects a clinical assessment and follow up by a RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event.Discussions with the village manager and national quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed appropriately to notify HealthCERT in 2021 and 2022 year to date. There have been three infectious outbreaks which were appropriately notified. Te Tiriti o Waitangi and tikanga Māori training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori.  |
| Subsection 2.3: Service managementThe 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. | FA | Strathallan Lifecare policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 81 staff in various roles including casual staff. The hospital wing was closed at the end of July and the service has continued the employment of most existing staff. Caregivers have been seconded to other facilities to assist with the care of Strathallan hospital residents and will return when the residents come back. The organisation is recruiting for at least three additional full-time registered nurse positions and is hoping these will be filled for a staged reopening of the hospital in January 2023. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. The village manager and clinical manager work 40 hours per week from Monday to Friday. The clinical manager rotates with the clinical coordinator to provide on call after hours. There is at least one RN on mornings and afternoon shifts. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members confirmed there are sufficient staff to meet the needs of residents. In the rest home wing (all dual purpose) there were 26 beds with 18 rest home care residents. There is one clinical coordinator who is supported by one RN on duty on the morning shift (7.00 am-3.30 pm), and one RN on the afternoon shift (2:30 pm to 11 pm). They are supported by six caregivers on the morning shift (two from 7.00 am-3.30 pm, one from 6:30 am to 3 pm, one from 7 am to 12:30 pm and one from 8 am to 1 pm), five caregivers on the afternoon shift (three from 3 pm to 11 pm and one from 4:30 pm to 9:30 pm and one from 5 pm to 9:30 pm) and one caregiver on the night shift (11 pm to 7 am). In the dementia wing there were 20 beds and on the day of audit, all were occupied. There is either an EN or a level 4 caregiver on the morning shift (7.00 am-3.30 pm) and a senior level 4 caregiver on the afternoon shift (3.30 pm-11.30 pm). An RN is scheduled to work 24 hours a week in the dementia unit. An EN is rostered at least five days a week in the dementia unit. They are supported by three caregivers on the morning shift (one from 6:30 am to 3 pm, one from 7.00 am-3.30 pm and one from 7 am to 12:30 pm), three caregivers on the afternoon shift (one from 3:30 pm to 8 pm, one from 4 pm to 12 pm and one from 4:45 pm to 9:15 pm) and one caregiver on the night shift (11 pm to 7 am). In the two serviced apartments areas, ten beds are certified to provide rest home level care. There were five rest home residents in total.There is one level four caregiver on duty on the morning shift (7.00 am-3 pm) and one caregiver on duty on the afternoon shift (2:30 pm to 10:30 pm). There is a caregiver in the serviced apartments overnight who can assist as required in the rest home.Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a timely manner. There is an education and training schedule being implemented. Topics are offered electronically (Altura). Each topic includes a competency questionnaire. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. The education and training schedule lists compulsory training which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. Facility meetings provide a forum to share health information. There are 48 caregivers employed in total. Arvida Strathallan supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Forty-one caregivers have achieved either a level three or level four NZQA qualification. Fifteen staff have obtained their dementia qualifications. One caregiver working in the dementia unit has been employed less than a year and is enrolled with CareerForce to complete required dementia qualifications. Seven RNs are employed (including one clinical coordinator and one clinical manager) and five have completed their interRAI training.Staff wellness is supported by Wellness New Zealand and an employee assistant programme (EAP) is available. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.  |
| Subsection 2.4: Health care and support workersThe 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.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.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. | FA | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Nine staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff that had been in employment for more than 12 months had an annual appraisal completed; a three-month appraisal and development meeting occur three months after commencement of employment.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. All staff complete a comprehensive induction which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites which is available to all staff. |
| Subsection 2.5: InformationThe people: Service providers manage my information sensitively and in accordance with my wishes.Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.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. | FA | Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. Older files are sent off site for archiving as per policy. Documents can be scanned and uploaded on eCase for reference. There is a locked blue secure bin on site and a document shredder. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. 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.  |
| Subsection 3.1: Entry and declining entryThe 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.Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.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. | FA | Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager is available to answer any questions regarding the admission process. The clinical manager advised that the service openly communicates with potential residents and whānau during the admission process. 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. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The analysis is completed by Arvida Group support office. |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Seven resident files were reviewed (four rest home and three dementia level of care). Registered nurses (RNs) are responsible for conducting all assessments and develop the care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. Care plans are holistic in nature and reflect a person-centred model of care.All residents have admission assessment information collected and an interim plan completed at time of admission. Assessments form the basis of the care plans and address any triggers, clinical assessment protocols (CAPs), and scores from the interRAI. InterRAI timeframes in the past were compromised due to RN shortages; however, these are now all up to date and being completed as per contract timeframes. All resident files had an interRAI assessment and a suite of assessments completed.Care plans had been evaluated within the required six-month timeframe where required and updated when there were changes in health condition and identified needs. Care plans are developed in partnership with the person (family/whanau also have input). Their specific goals (pae ora outcomes) are documented and the interventions on how to achieve them. The goals are evaluated six-monthly, and the degree of outcomes/achievement are documented.The long-term care plan aligns with the service’s model of living well. Challenging behaviour is assessed when this occurs. Cultural assessment details are woven through all sections of the care plan.All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. The GP (interviewed) visits twice weekly. The GP covers on call as well. The clinical manager is also available for after- hours calls and advice. When interviewed, the GP expressed satisfaction with the care. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health and specialist interventions were documented and integrated into care plans (ophthalmologist, vascular services, podiatry, dietitian, speech and language therapist, psychiatrist, psychologist, renal specialist, and pain clinic). The service is looking for a new physiotherapist (current physiotherapist has resigned but used to work three hours a week).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 further adds to the progress notes if there are any incidents or changes in health status.Residents interviewed reported their needs and expectations were being met. When a resident’s condition alters an RN initiates a review with the house GP. Family are notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There are currently seven residents with wounds (skin tears and chronic skin conditions). There is one stage II pressure injury being treated. Prevention strategies and equipment is documented in the care plan.Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Any issues such as infections, weight loss, and wounds are added to the care plan. The service does not use short-term care plans. |
| Subsection 3.3: Individualised activitiesThe 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. | FA | There is a wellness leader who leads the activities. Wellness leader (qualified DT) works 30 hours a week Monday to Friday. Caregivers also assist with activities as required. All have first aid certificates. The overall programme has integrated activities that are appropriate for all residents. There is a planned programme Monday to Sunday for the rest home and dementia units.The activities programme is supported by the `Attitude of Living Well` framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well.The activities are displayed in large print on all noticeboards and residents have copies in their rooms. They include: exercises; Tai Chi; reading news; quizzes; board games; bingo; happy hour; mystery drives; pet therapy; and arts and crafts. On the day of audit residents were participating in exercises and quizzes. The programme allows for flexibility and resident choice of activity. One on one activities are available as well as group activities. There are plentiful resources. The facility subscribes to Netflix and movies are on Saturdays.Residents in the dementia unit receive one-on-one activities to meet the needs of each individual. Specific activities included one-on-one chats, supervised walks, van outings, music, and household activities (folding, setting tables etc). There are individualised 24-hour leisure plans documented for residents in the dementia unit. These are used by staff for activities of distraction and include past hobbies and lived experiences. There are regular van outings. Church services are held weekly. Residents are encouraged to maintain links to the community. There are cultural events celebrated.The service will ensure their staff support Māori residents in meeting their health needs and aspirations in the community. Te reo is encouraged in resident meetings and during events. Māori language week and Matariki is part of the activities calendar. On interview, the wellness leader confirmed having links with local marae and also a kapa haka group is planning to visit Strathallan.There are seating areas where quieter activities can occur. There is a hairdressing salon.The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile includes `About me` and `life history`, that informs the activities/leisure plan. Individual activities plans were completed for all files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through monthly resident meetings, community wellbeing meetings and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided. |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.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. | FA | There are policies and procedures in place for safe medicine management. Medications are stored safely in locked treatment rooms. Registered nurses and medication competent caregivers administer medications. All staff who administer medications complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no self-medicating residents on the days of audit. No standing orders were in use and no vaccines are kept on site.There is one spacious treatment room. The medication trolley is locked away when not in use. The daily medication fridge temperatures and room air temperatures are checked and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. Fourteen medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. 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.‘As required’ medications had prescribed indications for use. The effectiveness of ‘as required’ medication had been documented in the medication system. All medications are charted as either regular doses or ‘as required’. Over the counter medication and supplements are recorded on the medication chart. The clinical manager explained how appropriate support advice and treatment for Māori residents can be incorporated into medication management.A medication audit was last completed in September 2022 and had corrective actions implemented where required. |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | A kitchen manager oversees food services. All meals and baking are prepared and cooked on site. There is a second cook and a team of kitchen hands and kitchen assistants. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered Arvida dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies.The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and relatives interviewed confirmed likes/dislikes are accommodated and alternatives offered. Fridge and freezer temperatures are recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan.Chemicals are stored safely, and safety datasheets are available. The service has continued with the ‘subway’ meals. This is where residents make and fill their own sandwiches, including those with cognitive deficits. This has extended to residents creating their own pizza toppings. The service has continued to improve the meal services for the residents by introducing a second option at lunch and teatime. The food is served from a bain-marie directly to the residents in both units (rest home and dementia), as the servery is accessible to both dining rooms. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are also snacks and fruit platters available.The kitchen also provides meal services to the apartments. Food is transported by hot boxes. Food temperatures are recorded. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. The kitchen manager stated they can provide cultural meals including ‘boil up’. Residents are offered choices at each meal. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service and the second options available. Caregivers interviewed had a good understanding of tikanga related to food services. Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff continues to provide pure foods in conjunction with the clinical staff, in a bid to reduce unintentional weight loss through the use of real fresh food instead of using supplements. |
| Subsection 3.6: Transition, transfer, and discharge 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.Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.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. | FA | Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Transfer notes include advance directives, GP notes, summary of the care plan, and resident’s profile including next of kin. Discharge summaries are uploaded to the electronic resident’s file. There is a comprehensive handover process between services. |
| Subsection 4.1: The facilityThe 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.Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.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. | FA | The building holds an interim warrant of fitness expiring May 2023 (the interim certificate was sighted). The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a maintenance team of four (two full-time and two part-time) who carry out minor repairs, maintenance, and gardening. Maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical testing and tagging, resident’s equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Arvida Group office but is adjusted to meet Strathallan’s needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical equipment were completed in August 2022. Annual checking and calibration of medical equipment, hoists and scales was completed.There are external areas and gardens, which are easily accessible (including wheelchairs). There is outdoor furniture and seating, and shaded areas. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.The corridors are carpeted. Bedrooms are either carpet or vinyl. Vinyl surfaces are in all bathrooms/toilets and the kitchen. Corridors are wide and there are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. All resident rooms in the facility are single. Residents and their families are encouraged to personalise the bedrooms as sighted. Residents interviewed, confirmed their bedrooms are spacious and they can personalise them as they wish.All areas (rest home and dementia unit) have a separate dining area and lounge. Additionally, there are several smaller areas to create a more home-like environment. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. There is a small library, and a large community room to accommodate whole facility events. The apartment area has its own separate lounge which is light and spacious. The rest home rooms have an ensuite with a shower, except for eight rooms. There are two communal showers available close to the rooms with no ensuite. In the dementia unit all resident rooms have an ensuite toilet. There are two communal showers. The secure dementia unit has a secure garden area which is freely accessible to residents and includes an indoor-outdoor flow. The garden has paths in loops with no dead ends, and areas of interest such as the aviary and raised vegetable gardens. All apartments have full ensuite facilities. All showers//toilets have appropriate flooring and handrails. There are privacy locks and shower curtains. All bedrooms and communal areas have ample natural light and ventilation. There is a mixture of heat pumps and ceiling heaters. Temperature can be controlled in the rooms.The facility has designated external smoking areas, but smoking is discouraged.The hospital unit was closed and under refurbishment on the day of audit. The village manager stated the service will consider how designs and environments reflect the aspirations and identity of Māori, for any new building construction in the future. This is driven by the Arvida Group support office. |
| Subsection 4.2: Security of people and workforceThe people: I trust that if there is an emergency, my service provider will ensure I am safe.Te Tiriti: Service providers provide quality information on 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. | FA | 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 of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.There is an approved NZ Fire Service evacuation scheme in place. A fire evacuation drill is repeated six-monthly, and one was held August 2022. 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. Short-term backup power for emergency lighting is in place. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies with two civil defence wheelie bins and a store of emergency water (header tanks and bottled water), and five BBQs for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. There are two generators on site if there is a power failure. There are call bells in the residents’ rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.The facility is secured at night. The service utilises security cameras. There is security lighting installed outside. Currently, under Covid restrictions visitors are asked to sign in, complete a health declaration and to wear a mask at all times. |
| Subsection 5.1: GovernanceThe people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.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. | FA | A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. There is a facility infection control team. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator at Strathallan has also reviewed the data and reported on the 2021 year. There is an infection control steering group with representatives from several facilities and they meet monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also sent to support office where it is reported regularly at board meetings. The data is also benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.The service has access to an infection prevention clinical nurse specialist from Arvida support office and Te Whatu Ora.Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. Visitor controls are in place and depending on the risk, staff and visitors may be asked to perform rapid antigen test (RAT) daily. There were no residents in the care centre with Covid-19 infections on the days of audit.  |
| Subsection 5.2: The infection prevention programme and implementationThe 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 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. | FA | The clinical manager supports the designated infection control coordinator. During Covid-19 lockdown there were regular zoom meetings with Arvida support office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. The infection control coordinator has completed Altura education and attended a training session by Te Whatu Ora infection control nurse specialist. There is good external support from the GP, laboratory, Arvida Group support office and Te Whatu Ora infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE equipment is available as required. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment and the service is working towards incorporating monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service is working to incorporate te reo information around infection control for Māori residents and encourage culturally safe practices that acknowledge the spirit of Te Tiriti. 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 (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English and te reo.There are policies that include aseptic techniques for the management of catheters and wounds to minimise HAI. The Arvida infection control specialist is involved in the procurement of high-quality consumables, PPE, and wound care products with the support from the clinical manager, village manager and Arvida Group. The Arvida Group infection control specialist provides consultation during the design of any new building or when significant changes are proposed to an existing facility.  |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementationThe people: I trust that my service provider is committed to responsible antimicrobial use.Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.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. | FA | The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, infection control and staff meetings as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The clinical manager has completed a post graduate diploma in health science which included a section on antimicrobial stewardship. The clinical manager is working in partnership with GPs to implement best practice strategies at Strathallan.  |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)The people: My health and progress are monitored as part of the surveillance programme.Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.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. | FA | Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Arvida head office and the local Te Whatu Ora New Zealand for any community concerns. There have been three outbreaks since the previous audit. A respiratory outbreak occurred in 2021 and two Covid outbreaks in 2022. At the time of the outbreaks, there was no ethnicity data captured in the paper-based outbreak log; however, ethnicity was later collated through the electronic resident management systems. There were ready-made isolation kits and posters available to ensure consistency. All households were kept separate (in a bubble), and staff were kept to that bubble. Staff wore PPE. Residents and staff completed rapid antigen tests (RAT) daily. Families were kept informed by phone or email. Visiting was restricted.The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on ‘lessons learned’.  |
| Subsection 5.5: EnvironmentThe people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.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.As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in the rest home and the dementia unit. Each sluice room has a sink and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training. All laundry is completed on site. There is dedicated laundry staff seven days a week covering morning and afternoon shifts. The laundry is accessed from clean and dirty entrances from both the rest home and the dementia areas. There are defined areas where soiled laundry comes in and a clean area where laundry comes out. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is a large linen store off the laundry and small linen cupboards in each area. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. Environmental audits are completed and reported to the Infection Control team. |
| Subsection 6.1: A process of restraintThe people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit there were no residents requiring restraint. The service is committed to maintaining a restraint-free environment. The clinical manager is the designated restraint coordinator. The restraint coordinator is conversant with restraint policies and procedures. An interview with the restraint coordinator and national quality manager described the organisation’s commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.Staff have received training in restraint minimisation and management of behaviours that challenge.  |

# 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.

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# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.