

Scovan Healthcare Limited - Alexander House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Scovan Healthcare Limited

Premises audited: Alexander House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 29 November 2022 End date: 29 November 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 19

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Alexander House provides rest home services for up to 20 residents. There were 19 residents on the days of audit.

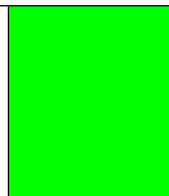
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora - Health New Zealand Te Pae Hauora o Ruahine o Tararua Mid Central. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a nurse practitioner.

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

This certification audit identified that the service is meeting 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.



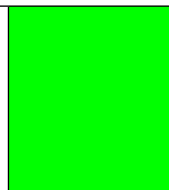
Subsections applicable to this service are fully attained.

Alexander House provides an environment that supports resident rights and safe care. The facility embraces Māori culture, beliefs, traditions and te reo Māori. Staff demonstrated an understanding of residents' rights and obligations. The service works to provide high-quality and effective services and care for all its residents. There is a Māori and Pacific health plan in place.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

The business plan includes a mission statement, values, and operational objectives. The service has effective quality and risk management systems in place that take a risk mitigation-based approach. These systems are in place to meet the needs of residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of data

were all documented as taking place as scheduled, with corrective process implemented where applicable. Health and safety processes are in place, led by the facility manager. Health and safety is a regular agenda item in all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy. Safe staffing levels are provided. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required. A registered nurse or the facility manager (also a registered nurse) assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The nurse practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by an activity coordinator. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified and reviewed. Residents commented positively regarding meals.

All transfers and referrals are managed in coordination with residents and families.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise around the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy, and all have hand-basins. Communal shower rooms have privacy locks. Rooms are personalised.

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

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 are fully attained.

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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There has been one Covid-19 outbreak. Appropriate reporting of the outbreak was effectively managed.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were no residents using a restraint. The restraint coordinator reported restraint would only be used as a last resort when all other options have been explored.

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	163	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Alexander House embraces Māori culture, beliefs, traditions and te reo Māori within the care provided. This is embedded in practice not only for potential residents and their whānau, but also for staff (recruitment and retention). The Māori health plan has been written to align with 2021 Ngā Paerewa Health and Disability Services Standard. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. There were residents who identify as Māori at the time of the audit.</p> <p>Alexander House is committed to respecting the self-determination, cultural values, and beliefs of their residents and family. Evidence is documented in the resident care plans and observed in practice. A Māori assessment plan is available when needed that informs the care plan. The culture committee has recently been formed and contact has been made with Māori elders from Kauwhata, who will be able to provide advice and support as required.</p> <p>The aim of Alexander House is to: build a workforce that can confidently and competently apply tikanga Māori to enable them to</p>

		<p>support tāngata whenua residents and their whānau; to incorporate tikanga into daily practice; to ensure policies and procedures meet Ngā Paerewa Health and Disability Services Standard 2021; and to assist in health equity for all. The facility manager stated that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed confirm they feel supported by the management team who are working to develop local iwi connections.</p> <p>Residents and families participate in providing input into the resident's care planning, their activities, and their dietary needs. The facility manager, and the owner (both registered nurses) and five staff interviewed (two caregivers (one of the caregivers also identified as a health technician who also undertook cleaning and laundry tasks), one registered nurse (RN), one cook and one activities coordinator), described ways they practice in a culturally safe manner in relation to their role.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan documented. The organisation is working towards development of local Pacific community connections to assist with the implementation of the plan. The facility is situated where there are low numbers of Pacific people residing in the community. There is a comprehensive Pacific Peoples policy to guide staff around each Pacific nations cultural preferences.</p> <p>On admission all residents state their ethnicity. There were no residents that identify as Pasifika at the time of the audit. The registered nurses report that all resident's whānau are encouraged to be involved in all aspects of care and decision making as appropriate.</p> <p>Alexander House currently has no staff who identify as Pasifika. The facility manager described how the equitable employment process helped to increase the capacity and capability of the Pasifika workforce, which was evidenced in the human resource policies.</p> <p>Interviews with managers and staff and documentation reviewed identified that the service puts people using the services, and</p>

		family/whānau at the centre of their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager and registered nurse discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in English and te reo Māori.</p> <p>Discussions relating to the Code are held during monthly resident meetings. Family can attend residents' meetings. Residents and family interviewed reported that the service is upholding residents' rights and choices. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held regularly. The service recognises Māori mana motuhake and this is reflected in the Alexander House Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Caregivers and the RN interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. 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.</p> <p>The staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature, through</p>

		<p>educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p> <p>It was observed that residents are treated with dignity and respect. The 2022 satisfaction survey results were in the process of being collated at the time of the audit. The previous survey results evidenced that family/whānau and residents were satisfied with all aspects of the care provided. Residents and families stated they are treated with respect when interviewed.</p> <p>There are no double or shared rooms. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Alexander House policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days celebrate diversity in the workplace. Staff house rules are discussed during the new employee's induction to the service, with evidence of staff signing the house rules within their contract. Staff house rules address the elimination of</p>

		<p>discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive, and safe working environment. Cultural diversity is acknowledged, and staff are educated on identification and prevention of systemic racism and the understanding of injustices through policy and the house rules. Staff receive training in recognising and reporting harassment or coercion of residents, as part of their Code of Rights training.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Residents have enduring power of attorney for finance and wellbeing documented in their files. Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on resident's possessions and accountability management of resident's possessions, within the resident's signed service level agreement.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing, with the aim to improve outcomes for Māori staff and Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Residents are asked for their consent before adverse event data is passed to</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>family/whānau/enduring power of attorney (EPOA). Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified family/whānau are kept informed following consent by the resident (if able). This was confirmed during interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora- Health New Zealand Te Pae Hauora a Ruahine o Tararua Mid Central specialist services. The delivery of care involves a multidisciplinary team approach. Residents and family/whānau provide consent and are communicated with in regard to services involved. The facility manager and the RN described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19, through emails, phone calls and resident meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that</p>	<p>FA</p>	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney (EPOA). Consent forms for Covid and flu vaccinations were also on file where appropriate. The admission agreements included consent for sharing of health information, sharing information between services, display photographs and van outings. Residents and relatives interviewed could describe what informed consent was and their rights around</p>

<p>individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>choice. There is an advance directive which includes the End-of-Life Choice Act policy.</p> <p>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 nurse practitioner (NP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys were available on residents' files.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register.</p> <p>Three complaints have been received in 2022. No external complaints have been received since the previous audit. Documentation including follow-up letters and resolution demonstrates that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Complaint included an investigation, follow up, and replies to the complainant. Staff are informed of any complaint received (and any subsequent corrective actions) in the quality/staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility and complaints can be handed into reception. Residents have a variety of avenues they can choose from</p>

		<p>to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. During interviews with families, they confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents and families making a complaint can involve an independent support person in the process if they choose. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Alexander House has two owners. One owner is a RN and the other oversees maintenance. Both manage governance of the facility. They have owned Alexander House since 2007. They both own another two aged care facilities in New Zealand. Alexander House is managed by a full-time facility manager who is a RN and has management experience in health. They have been the facility manager for nine months. The facility manager has completed at least eight hours of professional development related to managing a rest home.</p> <p>The facility provides rest home level of care for up to 20 residents. On the day of the audit, there were 19 residents (including one respite resident). All other residents were under the age-related residential care (ARRC) agreement.</p> <p>The Alexander House 2022 business plan has clearly identified their mission, services, and values which link to their strategic plan. Key performance indicators and goals are regularly reviewed with outcomes reported. The business plan reflects a commitment to align with the Ministry of Health strategies and addresses barriers to provide equitable service delivery for all residents, including those with a disability and who identify as Māori. The service utilises an external quality consultant to develop and review policies and has access to Māori input to these as required. The service is working to strengthen relationships with local Māori Elders in the community.</p> <p>One owner (RN) and one facility manager (RN), were interviewed. They are undergoing cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p>

		<p>The facility manager and the owners meet weekly. A monthly report is provided by the facility manager, which informs the owners of all aspects of the service. The owners are responsible for the overall leadership, including clinical governance of the organisation. The working practices at Alexander House are holistic in nature, inclusive of cultural identity, and respect connection to family/whānau and the wider community, as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed.</p> <p>Both the owner (RN) and the facility manager (RN), have maintained at least eight hours of professional development activities, each related to their respective roles.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>There is a documented 2022 business plan. Alexander House is implementing quality and risk management programmes. This includes performance monitoring through internal audits and through the collection, collation, and analysis of clinical indicator data. External New Zealand aged care benchmarking occurs. Results are discussed in the quality/staff and RN meetings and at handover.</p> <p>Monthly quality/staff meetings, and RN 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. Meeting minutes and quality results data are posted in the staffroom. Internal audits, meetings, and the collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the facility manager when achieved.</p> <p>Staff complete cultural training to ensure a high-quality service and cultural safe service is provided for Māori.</p>

	<p>The 2022 resident and family satisfaction survey had been completed. The facility manager was in the process of analysing the information and reporting results to staff and residents. The previous survey evidenced residents and family were satisfied with the service. On interview, both residents and family have high levels of satisfaction with the services being provided.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. Review of policies and benchmarking with aged care providers, provide a critical analysis of practice to improve health equity. New policies or changes to policy are communicated and discussed with staff.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A health and safety system is in place. The health and safety team meets monthly. The facility manager is the health and safety representative and has received health and safety training. Health and safety notices are posted on a noticeboard in the staffroom. Hazard identification forms and an up-to-date hazard register were sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. The hazard register was last reviewed in October 2022. Staff incidents, hazards and risk information is collated at facility level, reported by the facility manager, and is also provided to the owners. Health and safety is a regular agenda item in staff/quality and RN meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Electronic reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Family is notified following incidents, unless the resident requests that they not be informed.</p>
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		<p>Opportunities to minimise future risks are identified by the facility manager in consultation with RN and caregivers; however, not all neurological observations were completed according to policy (link 3.2.4)</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT in relation to a power outage. There has been one Covid 19 exposure outbreak. Appropriate notification occurred for the outbreak.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements and safe staffing ratios. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurse, medication competent caregivers and the activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7 and on outings.</p> <p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are addressed in a timely manner.</p> <p>The facility manager (RN) works full-time Monday to Friday. On-call cover is shared between the facility manager and the owner (RN).</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training. Caregivers and the RN receive training as per the training schedule. Staff complete training as part of their orientation and ongoing (eg, fire safety; hand hygiene; falls prevention; aging process; communication; personal cares; restraint; challenging behaviours; infection control; personal protective equipment; manual handling; cultural awareness; chemical safety; emergency management, including (six-monthly) fire drills; hazard reporting; and health and safety). Additional RN and caregiver competencies cover medication administration. If agency staff are used, their orientation covers health and safety, and emergency procedures (clinical and</p>

		<p>non-clinical).</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address cultural inequities.</p> <p>External training opportunities for care staff include training through Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua Mid Central and hospice. One RN and one facility manager (RN) are employed, both have completed interRAI training. The RN is encouraged to attend in-service training, including Covid-19 preparedness, training related to preventing falls, and wound management.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) health and wellbeing qualifications. Currently there are five caregivers that have completed NZQA standards, three at level 4 and two at level 3.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Contractors are orientated to health and safety.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who have been employed for over one year are scheduled to undergo an annual performance appraisal.</p> <p>The service has implemented an orientation programme that provides</p>

		<p>new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programme supports the RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains employee ethnicity information.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	FA	<p>Information detailing entry criterion is provided to prospective residents and their family/whānau. There is a policy around the entry and admission processes. A review of residents' files confirmed that entry to service complied with the resident admission policy.</p> <p>The service has a process in place if access is declined, should this occur. It determines that if a resident is declined access to the service, residents and their family, the referring agency, and GP are informed of the decline to entry. Alternative services when possible</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>are offered and documentation of the reason for declined entry is documented. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service. The service has commenced gathering ethnicity data at entry. This includes decline rates.</p> <p>Ethnicity (including Māori) is also collected by the service during care planning and through the interRAI assessment. A culture committee has recently been formed and contact has been made with Māori elders from Kauwhata.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five long-term resident files were reviewed including one respite resident.</p> <p>A RN or the facility manager (also a RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial care plans are developed with the residents/EPOA consent and are based on data collected during the initial nursing assessments, and information from pre-entry assessments completed by the needs assessment service coordination (NASC) team or other referral agencies. Resident care plans are developed using an electronic system.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. The residents who identified as Māori had a Māori care plan in place which described the support required to meet clinical, cultural, and social needs. The activity assessment process includes a cultural assessment, which gathers information about cultural needs, values, and beliefs. Short-term care plans are developed for acute problems (eg, infections and weight loss). Assessments and care plans are documented in consultation with the resident and family/whānau. Care and support needs as identified by the resident and family/whānau, were clearly documented in the care</p>

	<p>plans reviewed. The care plans reviewed identified resident and relatives input to pae ora outcomes. All care plans identified all residents had choice and control over their supports, and any barriers around accessing health services were minimised.</p> <p>The respite resident's file included an appropriate plan for care and support. This resident was currently being assessed for long-term care.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN or facility manager. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN or facility manager and include the degree of achievement towards meeting desired goals and outcomes.</p> <p>The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the NP within required timeframes and when their health status changes. The NP visits the facility weekly. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the NP.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status. There was evidence of wound care products available at the facility. There was one chronic wound at the time of report. The wound had a documented assessment, care plan and evaluations. Monthly observations such as weight and blood pressure were completed and are up to date; however, neurological observations were not carried out as per policy requirements.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents and that they have access to the supplies and products they require to meet those needs. Staff receive a comprehensive handover at the beginning of their shift. Residents interviewed confirmed assessments are completed according to their needs and</p>
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		in the privacy of their bedrooms.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The residents' activities programme is implemented by an activities coordinator who works 25 hours a week. The coordinator works in collaboration with the facility manager to ensure there is a robust activities programme for the residents.</p> <p>All residents have an activities care plan that is part of their general care plan. The activities care plans are reviewed six-monthly and are specific to each resident's needs, including any cultural interventions. An activities calendar is created monthly to cater for residents' different recreational needs. Residents have activities attendance progress and evaluation notes documented two to four-weekly. The activities coordinator chairs the residents' meeting together with the residents' representative, so residents get an opportunity to give feedback on the activity programme or their general service they receive.</p> <p>Opportunities have been created for residents who identify as Māori, to have activities of their interest through care planning on their culturally appropriate recreational needs, their interests, and/or celebrations of any cultural significance to them. The activities coordinator (who identifies as Māori) described singing Māori songs with residents, assisting Māori residents (and anyone else who would like to) with their pepeha and scheduling time for Māori TV.</p> <p>The activities programme is displayed in the communal areas. The activities programme provides variety in content and includes a range of activities which incorporate education, crafts, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one-on-one visits from the activities coordinator occur regularly. Regular van outings into the community are arranged. Church and spiritual groups visit, and services are provided for resident's pastoral care needs.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Resident</p>

		meetings are held and include discussion around activities.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly checks of medications and six-monthly stocktakes are completed which align with policy and legislative requirements. There were three self-medicating residents on the day of audit, all had a competency in place and were able to store their medications securely.</p> <p>The staff observed administering medication, demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management. The RN oversees the use of all 'as required' medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the facility manager or RN. Medication information for residents and family/whānau can be accessed online as needed. The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Standing</p>

		orders are not used.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A nutritional assessment is undertaken by the RN or facility manager for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the main dining room or in the residents' rooms if requested. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The food service meets the nutritional needs of the residents. The service has a current food control plan. The dietitian reviews the menu plans.</p> <p>The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted.</p> <p>All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Fluids are available for residents at all meals and also fluid rounds are done by staff with options for ice blocks in the warm season. A</p>

		<p>hydration station has also been set up for residents to have easy access to fluids. Tea, coffee, juice, and cordials are freely available to residents at any time.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were very satisfied with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a policy around resident transfer/discharge. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the facility manager and RN and review of residents' files confirmed there is open communication between services, the resident, and family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>There is a building warrant of fitness certificate that expires on 8 July 2023. The maintenance is coordinated by the facility manager, and a caregiver. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>The small and cosy rest home allows plenty of space for mobilising. Residents were observed moving freely around the corridors and communal areas with mobility aids where required. The external areas have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>All rooms are single occupancy, and all have hand-basins. Communal shower rooms and toilets have privacy locks. There are sufficient numbers of communal toilets and showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There are signs on all shower/toilet doors.</p> <p>There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. There is a spacious dining room area. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. All bedrooms and communal areas have ample natural light and ventilation. There are wall heaters in corridors, communal areas and in each resident's room. The temperature was a good ambient temperature on the day of the audit.</p> <p>The facility is non-smoking. There was Māori signage for various rooms (eg, toilets, showers, and dining room).</p> <p>There are currently no plans for building or major renovations. During discussion with the facility manager and director, they were aware of their obligation to include Māori aspiration into the design, and they would consult with the local Māori Elders they are strengthening relationships with.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>Emergency management 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 case of an</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored on site and checked at regular intervals.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed and on attenuating panels to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The registered nurse undertakes the role of infection control coordinator to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and if there are significant issues, they are escalated through an effective communication pathway to the owners. Documentation review of a recent outbreak evidenced that outbreak information was escalated to the owners within 24 hours of identification. There is an infection control committee that meets monthly. Infection rates are presented and discussed at quality, clinical and staff meetings and presented in</p>

		<p>a facility manager report to the owners. Infection control and antimicrobial stewardship (AMS) are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Health New Zealand Te Pae Hauora a Ruahine o Tararua Mid Central. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the facility manager, the owners, and the Public Health team.</p> <p>Visitors are asked not to visit if unwell. All staff, visitors, and contractors are required to wear masks. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator who is the RN has been in the role for five months and is supported by the facility manager (RN). During Covid-19 lockdown, there were regular meetings with Te Whatu Ora Te Pae Hauora a Ruahine o Tararua Mid Central which provided a forum for discussion and support relating to the Covid response framework for aged residential care services. The service has a Covid-19 response plan, including easily accessible resources for the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed external infection control training. There is good external support from the nurse practitioner, laboratory, microbiologist, and gerontology nurse. There is an outbreak kit readily available, and a personal protective equipment stored centrally. There are supplies of extra personal protective equipment (PPE) as required. The infection control coordinator has input into the procurement of good quality personal protective equipment (PPE), medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles,</p>

	<p>responsibilities and oversight, the infection control committee and training and education of staff. The policy provider annually reviews policies and procedures, in consultation with the external quality consultant and infection control specialists. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service's infection control policies acknowledge importance of te reo information around infection control for Māori residents, and encourage culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Māori translations are accessible to staff and residents. Infection control practices, including laundry and cleaning practices, reflect Māori participation when required and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service includes the checking of these processes in the cleaning, environmental and equipment audits. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff have completed handwashing and personal protective equipment training. Resident education occurs as part of the daily cares and monthly meetings. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, telephone calls and emails.</p> <p>There was no construction, installation, or maintenance in progress at the time of the audit. There is a communication pathway to include infection control advice when required. Family/whānau and staff interviewed stated they were satisfied with communication related to</p>
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		Covid -19.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the monthly infection control committee meeting and discussed with the NP. Infection rates are analysed for antibiotic use and is reported to the quality meeting and monthly facility manager report to the owners. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Medication charts reviewed evidence judicious, careful, and rational use of monotherapy.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other New Zealand aged care facilities. Infection control surveillance is discussed at the monthly IPC committee meeting. Staff are informed through the variety of meetings held at the facility.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the NPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control</p>

		<p>audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora Health New Zealand Te Pae Hauora a Ruahine o Tararua Mid Central for any community concerns. Ethnicity data is planned to be collected and analysed. The data will then be used to inform future strategic planning and service delivery.</p> <p>There has been one Covid exposure event in April 2022. The outbreak was documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The coordinator interviewed described the daily update and debrief meeting that occurred. The service completed a 'lessons learned' after the event to prevent, prepare for and respond to future infectious disease outbreaks. The coordinator confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce, prove to be challenging but successful. Staff confirmed that during the Covid exposure period, resources including PPE were adequate.</p> <p>Visitors are required to sign in and wear masks in the rest home.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include, but are not limited to: considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was available and used in high-risk</p>

		<p>areas.</p> <p>Cleaning services are provided seven days a week. There is a sluice room with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Health technicians who are the cleaners, are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system, with oversight from the infection control coordinator. Residents and family/whānau confirmed satisfaction with housekeeping and laundry services during interviews.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is the RN and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>On the day of the audit, there were no residents requiring restraint.</p> <p>Restraint would be used as a last resort when all alternatives have been explored. Review of restraint would be reviewed and discussed at all staff meetings, with the facility manager and the owner. Training for all staff occurs at orientation and annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.