

Lexall Limited - Lexall Care

Introduction

This report records the results of a Surveillance 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:	Lexall Limited	
Premises audited:	Lexall Care	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 25 October 2022	End date: 25 October 2022
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	54	

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

Lexall Care is a privately owned facility and provides services for rest home and hospital level care for up to 58 residents. There were 54 residents on the day of audit.

The service is managed by a suitably qualified clinical manager who is supported by a general manager and a charge nurse. There have been no significant changes to the facility or services since the last audit. The facility continues to enhance and improve on their own electronic resident management system.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, management, staff, and the general practitioner.

There are quality systems and processes implemented. The team are well diversified. There is a stable team of experienced healthcare assistants and non-clinical staff to support the management team and nurses. Feedback from families were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented, and competencies are reviewed annually.

This surveillance audit has not identified any areas for improvement.

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.

Lexall Care provides an environment that supports resident rights and culturally safe care. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The owner (general manager) is committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the residents' opinions and effectively communicates with them about their choices. Staff receive training on Māori health and awareness at orientation.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The service has an annual business strategic management plan that supports quality and risk management processes. Systems are in place for monitoring the services provided. An electronically documented quality and risk programme is used to monitor quality, and corrective actions are implemented and evaluated where opportunities for improvements are identified. Monthly data reports and analysis are monitored by the general manager and clinical manager. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with required employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Registered nursing cover is provided 24 hours a day, seven days a week. The integrated electronic resident files are appropriate to the service type.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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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. There is evidence of family participation in care plans, and a holistic approach to individual goal setting and care plan interventions. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted nurse practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Residents that want to self-administer medication are supported to do so safely.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group. There are activities for residents who wish to be connected with te ao Māori. Staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan, and the menu has regular dietitian input and oversight. Cultural, traditional, and religious appreciating related to food and food practices are respected.

Transfer, exit, and discharges occur in a coordinated manner.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness. All medical equipment and all hoists have been serviced and calibrated. The building is inclusive to all cultures.

There is an approved evacuation scheme and fire drills occur every six months. Security arrangements are in place for the safety of residents and staff. Staff wear identification badges. Visitors and contractors are required to sign in.

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

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

Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at clinical manager and general manager level.

The infection control coordinator is a senior registered nurse. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the registered nurse. There were six residents listed as using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. The service is committed to aim for a restraint-free environment.

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	21	0	0	0	0	0
Criteria	0	49	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>	FA	<p>Te Tiriti O Waitangi is incorporated across policies and delivery of care.</p> <p>Lexall Care are committed to supporting Māori health strategies by ensuring policies and procedures identify and analyse variances in Māori health (eg, infection control and adverse events). The general manager (owner) and clinical manager (RN) reported actively seeking the services of an external policy developer to support their Māori health plan development. The service is working to increase Māori capacity by employing more Māori staff members. There are no staff currently employed at Lexall Care who identify as Māori. There are residents who identify as Māori.</p> <p>All staff interviewed confirmed that the facility welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and this data is planned to be analysed in reports monitored by the general manager and clinical manager.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Not Applicable</p>	<p>Lexall Care aim to co-design their health services utilising both Māori and Pacific peoples through collaboration and partnership models. There is a suite of Pacific people's policies. There are no current residents in Lexall Care who identify as Pasifika. The organisation actively recruits suitably qualified Pasifika staff. At the time of the audit, there were a number of Pasifika staff employed. Cultural training for staff does not include specific training in relation to Pacific people; however, this is planned.</p> <p>The service is working on establishing links with other Pacific organisations to assist in the implementation of their Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Rights is displayed in English and te reo Māori. Discussions with thirteen staff, (one senior team leader, three health care assistants (HCA), three registered nurses (RN), one enrolled nurse (EN), one clinical manager, one activities coordinator, one cleaner and two cooks) confirmed their understanding of Māori world view.</p> <p>There is a Māori health policy, and Māori health and awareness procedures are documented. Staff complete training including Māori health awareness at orientation. The aim of Lexall Care is to co-design health services utilising both Māori and Pacific peoples through collaboration and partnership models.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>All staff receive training in Māori health awareness during orientation. Cultural support and cultural competencies including Te Tiriti o Waitangi, in-service training and competencies was completed in July 2022 for all staff. Training also covered Tikanga practices.</p> <p>There were residents who identified as Māori on the day of audit. Cultural assessments and individualised cultural needs were documented.</p> <p>Nine residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p>

		<p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted. Activities staff support Māori residents to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>The residents' meeting minutes viewed indicated residents and family/whānau are satisfied with their cultural needs being met. The 2022 resident satisfaction survey showed 82% of residents and family/whānau were happy with their privacy, dignity and rights being met.</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>	FA	<p>Policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff are encouraged to address issues; however, if they are not comfortable, they are supported by management to do so. Lexall Care complies with the provision of the Human Rights Act 1993 and treats everyone in a manner that respects their right to individual choice. Policies describe that no person will be subjected to exclusion or prejudice as a result of their: race; ethnic background; skin colour; sexual orientation; disability; gender; age; or religion. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete education on orientation and bi-annually on how to identify abuse and neglect as per the training plan. Staff are educated on how to value the older person showing them respect and dignity. A strengths-based holistic model is used and incorporated in the electronic care plan to ensure wellbeing outcomes for Māori residents. Nine residents (six hospital and three rest home), and two family/whānau members interviewed confirmed that the staff are very caring, supportive, and respectful.</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</p>	FA	<p>The service follows Code of Rights requirements to ensure information is given to ensure informed consent is gained for care provided. The service has a Māori policy and has collaborated with a policy advisor on a Māori health plan. The registered nurses and enrolled nurses</p>

<p>supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>have a good understanding of the process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaints forms are located at the entrance to the facility or on request from staff. There is a complaints box located at reception. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is electronically maintained. One complaint was lodged for 2022 (year-to-date). Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. All complaints have been resolved. No trends have been identified. There were no complaints lodged via or directly to an external agency.</p> <p>Discussions with residents and family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</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</p>	FA	<p>Lexall Care is a purpose-built facility that has 58 residents' rooms over two levels. The general manager privately owns Lexall Care. The care home has five designated rest home beds with all others identified as</p>

<p>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>dual purpose. There were 17 residents at rest home level of care, including one long-term support chronic health conditions (LTS-CHC), one on respite care, and one on primary options for acute care (POAC). There were 37 residents at hospital level care, including one LTS-CHC, three on interim contract (IC) and one funded by Accident Corporation (ACC).</p> <p>The general manager (owner) has 22 years' experience as owner/general manager of Lexall Care.</p> <p>The service is managed by a full-time experienced clinical manager (CM), who is a RN. She has been in the role for over 20 years. She is suitably skilled and experienced for the role. Responsibilities and accountabilities are clearly defined. The CM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. She maintains currency through her professional networks including Te Whatu Ora. The CM is supported by a charge nurse (RN), RNs, enrolled nurses (ENs), senior HCA team leaders, HCAs, and administrative staff. The CM reports to the general manager.</p> <p>There is a business strategic and management plan for 2022. The plan sighted outlined the scope, direction, and goals of Lexall Care. The management team is committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (eg, infection control and adverse events). The management team are actively seeking input to integrate a Māori health plan into governance, including business planning, quality, risk management and clinical, to improve Māori health through clinical assessment and organisational policy and procedures. Tāngata whaikaha have input into their care planning, their activities, their dietary needs and goals that improve outcomes and achieve equity.</p> <p>Currently residents provide feedback through surveys and resident meetings. Plans are in place for the management team to attend cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The CM has open communication with the general manager at all times.</p>
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		The CM has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Policies review and development is occurring to meet the Ngā Paerewa 2021 Services Standard. Management is working with a policy development provider to secure a Māori plan that aligns with the 2021 Standard. Further changes are planned following consultation with Māori representation. New policies are discussed with staff. Staff access the policies via the management electronic portal and sign off when they have read the policies. The clinical manager (CM) monitors this. The service assesses staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>An electronic management system links quality to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data (eg, skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated, analysed, and internally benchmarked. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the CM.</p> <p>Three-monthly resident meetings are held, and families are able to attend. There is evidence of both residents and family/whānau providing feedback via annual satisfaction surveys. The 2022 survey results indicated that 82% of residents/family/whānau were positive about their privacy, dignity and rights being met. Results were shared in meetings. Corrective actions were implemented to address suggestions made by residents and family/whānau in the survey and at meetings.</p> <p>There are three staff meetings annually that are combined with quality, health and safety and infection control. Meeting minutes document comprehensive review and discussion around all areas, including: hazards; service improvement plans; emergency processes; complaints; incidents and accidents; internal audits; and infections.</p>

		<p>There is a monthly quality assurance meeting attended by the CM, charge nurse and a senior team leader. All staff have access to the electronic management system and all communications from management on resident updates, issues identified, meeting minutes and requests, are communicated to staff via a secure password protected portal in real time on the staff noticeboard. All staff interviewed stated they access the staff noticeboard when on duty. A risk management plan is in place. The health and safety representative is the CM. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in all staff meetings. Actual and potential risks are documented in a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. Contractors are orientated to the facility's health and safety programme.</p> <p>The CM is aware of statutory responsibilities regarding essential notification with examples provided. Section 31 reports were completed for one incident related to RN unavailability. Public Health authorities were notified of one Covid outbreak in July 2022.</p> <p>The service collects ethnicity data during the resident's entry to the service and collects ethnicity data during the employment process for staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Position descriptions reflect expected positive behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio. The service supports and encourages staff training.</p> <p>The staffing policy meets with the Ministry of Health safe staffing hours. The service applies the roster matrix based on Te Whatu Ora contract algorithm for staffing. There is at least one RN on each shift. Staffing is flexible to meet the acuity and needs of the residents; confirmed during interviews with both managers and staff.</p> <p>Interviews with residents and family/whānau confirmed staffing overall was satisfactory.</p> <p>Ongoing training is offered to all staff. There is a mandatory two-yearly</p>

		<p>in-service training programme and additional training is available through toolbox talks and staff meetings when required. A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. Cultural orientation and training and competencies are provided for staff to ensure the service can deliver high quality care for Māori. The service is in the process of collection and analysis of Māori health information. Plans are in place to encourage staff to participate in learning opportunities around health outcomes and disparities, and health equity.</p> <p>Clinical staff can access Te Whatu Ora training. Registered nurse specific training included wound care, and first aid. There are eight RNs and two EN's employed; three RNs are interRAI trained. The CM provides oversight of the charge nurse, registered nurses, enrolled nurses, and HCAs.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs, EN's and HCAs to provide a culturally safe environment to Māori. HCAs interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Five staff files reviewed (one clinical manager, two RNs, one HCA and one cook), included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the orientation, including clinical competencies, evidenced signatures of completion. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The clinical manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals. There is an electronic Lexall Care inquiries tracker.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service does not currently display ethnicity information in the resident profile on the electronic resident management system; however, could easily provide ethnicity breakdown of the current resident group.</p> <p>Cultural considerations are not routinely documented on admission or on the social profile (link 3.2.3). The facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information.</p> <p>The service is engaging with the local marae and kaumātua in order to further develop and strengthen partnerships with Māori communities and organisations and have information available for Māori, in English and in te reo Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five electronic resident files were reviewed (two from the rest home, including one resident on a long-term chronic services support contract [LTS-CHC] and one on respite care; and three hospital level care, including one on Accident Compensation Corporation [ACC] contract). All other residents were on the Aged Related Residential Care Agreement (ARRC).</p> <p>The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes including family/whānau/NOK communication. There is a holistic approach to care planning and a range of tools available to provide support to whānau of tāngata whaikaha. The service supports Māori</p>

		<p>and whānau to identify their own pae ora outcomes in their care or support plan through whānau participation and decision making; however, cultural needs are not always clearly identified in the care plans. Te Ara Whakapiri is implemented to ensure consistent and quality care at the end of life.</p> <p>There are clear warning signs and alerts for each resident on the resident management system. There is a care summary available that provided a shortened version of the care plan to provide guidance to the healthcare assistants to read before commencement of cares.</p> <p>The service uses a nursing assessment and an initial care plan is completed within 24 hours of admission. The resident on respite care had an initial care plan and assessments completed within 24 hours of admission. Dietary requirements are completed on admission and at six-monthly care reviews, with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>InterRAI assessments are completed within the required timeframes. InterRAI assessments are completed for residents on LTS-CHC contract. The triggers and scores from the interRAI assessment is used to develop a long-term care plan. Medical needs including medication requirements and other early warning signs are included in the long-term care plan. Interventions are documented to a level of detail that provide guidance to the healthcare assistants to support care needs.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP has planned GP visits for reviews and is available after hours. Specialist referrals are initiated as needed. The GP reviews and notes are documented in the electronic system. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist that is contracted to provide mobility and post falls assessments. The physiotherapist and GP (interviewed) was complimentary of the service. A podiatrist visits regularly. A dietitian, speech language therapist, wound care nurse specialist and continence advisor are available as required through the local public hospital.</p> <p>Care staff interviewed could describe a verbal and written handover at</p>
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		<p>the beginning of each duty that maintains a continuity of service delivery. Progress notes are written and maintained to formulate the care journey. The RN adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents and family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the RN initiates a review with the GP. The GP reviews the residents at least three-monthly or earlier if required. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Wound assessments, wound management plans with body map, regular photographs and wound measurements were reviewed. There were no residents with pressure injuries at the time of the audit. Wound dressings were being changed appropriately and a wound register is maintained. The registered nurses confirmed access to a wound nurse specialist is available as and when required.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and continence management strategies. Care plans reflect the required health monitoring interventions for individual residents occur within the required frequency.</p> <p>Healthcare assistants and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls where there is a suspected or actual head injury. The registered nurse reviews all neurological observations daily.</p> <p>Written evaluations reviewed identified if the residents' goals had been met or unmet. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. These were signed off when resolved.</p>
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<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 service employs one activities coordinator who leads and facilitates the activity programme across Monday to Friday. There is an activity lounge with plenty of activity resources available for resident and family use.</p> <p>The monthly activities calendar includes celebratory themes and events. Themed days such as Matariki, Māori language week, Diwali, Waitangi, and Anzac Day are celebrated with appropriate resources available. The service provides opportunities for Māori to participate in te ao Māori and for those residents who want to be connected with te ao Māori.</p> <p>There is a regular entertainer that provides waiata (songs), karakia and blessings of rooms, if required.</p> <p>The service engages with local community volunteers and visitors. There are weekly worship services and spiritual support.</p> <p>The service provides a range of activities such as: crafts; exercises; bingo; baking and crafts; quizzes; outings; sing-alongs; happy hour movies; and supported shopping.</p>
<p>Subsection 3.4: My medication</p> <p>The 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.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, ENs and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotic packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the two medication rooms and</p>

		<p>locked trolleys. The medication fridge and medication room temperatures are monitored as required and the temperatures were within acceptable ranges. All medications expiry dates are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were five self-medicating residents with the required assessments, reviews, and storage in place. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with the Māori residents (when required) and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food is cooked on site in a centrally located well equipped kitchen. There is a cook on duty in the morning and afternoons and are supported by kitchen assistants. The cooks interviewed explained a seasonal four-week rotating menu, which has been reviewed by a dietitian (February 2021 for summer menu). A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by the registered nurses. The food control plan is in place and expires May 2023.</p> <p>Kitchen staff are trained in safe food handling. Both cooks explained menu options that are available specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</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 were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 15 December 2022. Medical equipment is checked annually, and calibration occurs as required (September 2022). There is a preventative maintenance plan that include checking of hot water temperatures and call bells. Hot water temperatures are maintained below 45 degrees.</p> <p>The environment, art and decor are inclusive of peoples' cultures.</p> <p>The service has no plans to expand or alter the building, but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (13 July 2013). A fire evacuation drill is repeated six-monthly and was last completed 5 October and repeated on 8 October 2022, in accordance with the facility's building warrant of fitness requirements. There is a current resident evacuation list.</p> <p>The front door is automatic and closes at a certain time at night. The building is secure after hours, and staff complete security checks at night. Staff are identifiable and wear name badges. All visitors and</p>

event.		contractors must sign in.
<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>	FA	<p>There is an inclusive suite of infection control policies and procedures available to staff. Policies and the infection control plan have been approved by the clinical manager and general manager, who produce monthly reports around infection control data and analysis to identify trends.</p> <p>The infection prevention and control staff will, in future, participate with Māori for the protection of culturally safe practice and have available all policies and educational resources in te reo and acknowledge the spirit of Te Tiriti.</p> <p>Staff follow the pandemic plan which is available to all staff via the electronic portal. A record is kept of vaccinated residents and staff. Personal protective equipment stock balance is maintained to support any possible outbreak. There is a large supply of PPE stocks sighted, including staff scrub clothing and gowns that can be used during Covid outbreaks. This is accessible to all staff. Residents can be isolated if required. Hand sanitiser is readily available. Rapid antigen tests (RAT) are required to be completed on site for visiting contractors. All staff and visitors are required to wear a mask at all times while in the facility.</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>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility, and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control coordinator with overview from the CM. All infections are entered into the electronic management system by the RNs, which generates a monthly data extract. There is an end of month analysis of the data with any trends identified and corrective actions for infection events. There are monthly comparisons of data. Benchmarking occurs internally. Outcomes are discussed with staff via the secure staff portal, at handovers, at the monthly quality assurance meeting and the four-monthly staff meetings. Education is completed to address infection trends for the month with specific goals to improve outcomes. The</p>

		<p>service is planning to incorporate ethnicity data in surveillance reporting.</p> <p>All staff and resident's Covid-19 vaccinations data are captured.</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>	FA	<p>The service is committed to providing services to residents without use of restraint; however, the strategic plan has not clearly identified this commitment. The 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.</p> <p>The designated restraint coordinator is the registered nurse (charge nurse) with a job description to identify responsibilities. There is a restraint approval group. There were six residents on the restraint register as using a restraint (bedrails and one chair belt). The use of restraint is reported in the facility quality/staff meetings.</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, these 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.