

Selwyn Care Limited - Kerridge House

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:	Selwyn Care Limited		
Premises audited:	Kerridge House		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 21 October 2022	End date: 21 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: 57			

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

Kerridge House is a purpose-built care home. The service is certified to provide rest home level care for up to 60 residents. On the days of audit there were 57 residents.

Kerridge House is owned by Selwyn Foundation and is part of the Selwyn Village campus at Point Chevalier in Auckland. The executive team is based in Auckland.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contracts with Te Whatu Ora Te Toka Tumai Auckland. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, a relative, staff, management, and nurse practitioner. The care manager is a registered nurse and has been the care manager since 2018. She is supported by a director of care, a senior nurse, registered nurses, caregivers, and administration staff.

Residents and a relative interviewed were complimentary of the service and care being provided.

The service has addressed the previous certification audit shortfall related to neurological observations.

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.

Kerridge House provides an environment that supports resident rights and cultural safe care. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable, qualified Māori staff. The Board and executive team are 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, their dietary needs, and services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the residents' opinions and effectively communicate with them about their choices. Staff receive training on Māori health and awareness at orientation. Selwyn has a Māori health plan and a Māori health project scope that frameworks their updating of the plan to align with the Ngā Paerewa 2021 Standard.

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 Selwyn Foundation Board has two Māori Board members. The chief executive officer (CEO) and executive team report to the Board. Strategic and business plans are documented and supported by quality and risk management processes. Systems are in place for monitoring the services provided, including regular monthly reporting to the director of care who in turn, reports to the chief executive and governing body. The strategic plan outlines current objectives. 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.

Ngā huarahi ki te ora | 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.
---	--	--

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, 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 nurse 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 want to be connected with te ao Māori, and 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.
---	--	--

The building has a current warrant of fitness which expires on 28 May 2023 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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 executive and Board level.

The infection control coordinator is a 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 including Te Whatu Ora 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 practises 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 no residents listed as using a restraint during the audit. 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.

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	50	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Te Tiriti O Waitangi is incorporated in policies and procedures and delivery of care. Selwyn has a Māori health plan and a Māori health project scope document that frameworks their implementation of Ngā Paerewa Standard. The service does not currently have any residents who identify as Māori at the facility. The service is developing support to increase Māori capacity by employing more Māori staff members. There are no staff currently employed at Kerridge House who identify as Māori. Caregivers and care supervisors interviewed confirmed that the organisation 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 at governance level.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	Not	The Selwyn Foundation is a New Zealand faith-based organisation.

<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>Applicable</p>	<p>The aim of the Foundation is to co-design health services utilising both Māori and Pacific peoples through collaboration and partnership models. Selwyn has a member of their ecclesiastical staff who is Pasifika. The service plan to collaborate with this staff member further to develop a Pacific health plan. There are no current residents in Kerridge House who identify as Pasifika. The organisation actively recruits suitably qualified Pacific staff. At the time of the audit, there were several staff employed that identified as Pasifika. Cultural training for staff does not include specific training in relation to Pacific peoples; however, this is planned.</p> <p>The service and organisation are working on establishing links with other Pacific organisations to assist in the implementation of their Pacific health plan. Staff undergo cultural and Code of Rights training which will be reviewed to include training in relation to Pacific peoples.</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>There is a “Selwyn Way,” guide and toolbox that describes cultural awareness to all care delivered. Staff complete training, including Māori health awareness, at orientation. The service recognises Māori mana motuhake as evidenced through resident care plans, Māori health plan and discussion with staff.</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. Code of Rights (which includes Te Tiriti o Waitangi,) in-service training was completed in January 2021 for all staff. Training also covered Tikanga practices.</p> <p>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, and tikanga. Māori cultural days are celebrated (eg, Matariki). All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, residents and tāngata</p>

		<p>whaikaha participation in te ao Māori.</p> <p>The residents' satisfaction survey 2022 states 97% of residents are satisfied with their cultural needs 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>Selwyn 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. Kerridge House complies with the provision of the Human Rights Act 1993 and treats everyone in a manner that respects their right to individual choice. 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, by implementing the Selwyn Way guide. A holistic and strengths-based model of care is incorporated into the electronic care plan and outcomes for Māori residents will be determined using the same format. All residents and a family member 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 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>	FA	<p>The service follows relevant best practice tikanga guidelines. The service has a Māori health plan. There is a Māori health project scope document that describes the review and updates planned for the Māori health plan. The registered nurses have a good understanding of the organisational 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 families during the resident's entry to the service. Complaints forms are located at the entrance to the facility or on request from staff. Complaints can be handed to reception. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The Code of Health and Disability Services Consumers' Rights is visible, and it is posted in te reo Māori, and English.</p> <p>A complaints register is being maintained. Eight complaints were lodged in 2021 and two have been 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 through external agencies.</p> <p>Discussions with nine residents and one family/whānau member 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 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>	FA	<p>Kerridge House is owned by the Selwyn Foundation. The Foundation is a faith-based New Zealand registered charitable trust, providing aged care services. Kerridge House is located in an Auckland one site campus which includes other Selwyn aged care homes. Selwyn Foundation is governed by its Board. The chief executive officer (CEO), and the executive team reports to the Board.</p> <p>Kerridge House is a single level building facility that has 60 resident rooms. On the day of audit there were 57 rest home residents. All residents were on the Aged Related Residential Care Agreement (ARRC).</p> <p>Strategic and business planning is undertaken by the Board and</p>

		<p>executive team for the wider organisation. Plans sighted outlined the scope, direction and goals of the organisation which incorporates the values of the “Selwyn Way” framework document. The governance body is committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (i.e. infection control and adverse events). There are two Board members who identify as Māori, who have input at Board level to integrate the Māori health plan into governance, and to improve Māori health outcomes and equity to care services through clinical assessment and organisational policy and procedures. Selwyn are also contracting a Māori consultant to support their Māori plan review and assist with identifying and reducing barriers for tāngata whaikaha and Māori to achieve equitable services. All residents, including tāngata whaikaha, have the opportunity to 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>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The Selwyn Foundation has a strategic plan 2018 to 2022. Kerridge House has a 2022 to 2023 business plan. There is an implemented quality and risk management programme. On interview, the director of care and the CM confirmed their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures are developed by the executive team or devolved to subject matter experts. Policies are reviewed, modified (where appropriate) and implemented. Policies review and development is occurring to meet the Ngā Paerewa 2021 Services Standard. The director of care is consulting with a Māori advisor contractor and the Te Whatu Ora portfolio manager to ensure alignment with their Māori plan and policies. The Selwyn Māori health project scope document describes the consultation engagement process. Further changes are planned following consultation with Māori representation. New policies are discussed with staff. The service is planning to implement and assess staff cultural competencies to ensure the service can deliver higher</p>

		<p>quality care for Māori (link 2.3.3).</p> <p>Quality management systems are linked 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 benchmarked against other Selwyn facilities. Selwyn also benchmark externally against other New Zealand aged care providers. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the care manager and reviewed by the director of care.</p> <p>Monthly resident meetings are held, and families/whānau are able to attend. There is evidence of both residents and families/whānau providing feedback via annual satisfaction surveys. Survey results for 2022 indicated that 100% of residents were positive about the way the facility had worked with them to develop the best approach to their care. Results were shared in meetings. Corrective actions were implemented to address more activity options.</p> <p>Monthly combined staff meetings are completed and include a comprehensive review and discussion around all areas including hazards, service improvement plans, emergency processes, complaints, incidents and accident, internal audits, and infections. A risk management plan is in place. Weekly clinical meetings ensure good communication. The health and safety representative is a registered nurse. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. A plan is implemented to orientate contractors 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 two incidents related to a missing resident. Public Health authorities were notified of two Covid outbreaks.</p> <p>Six incidents were viewed on the electronic incident register for</p>
--	--	--

		<p>residents who had an unwitnessed fall or a witnessed fall and had hit their head. All six incidents had neurological observations completed in alignment with Selwyn falls management policy. The previous finding around completion of neurological observation and related documentation (NZS 8134: 2008 criteria 1.2.4.3) has been addressed.</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 support workers to obtain an NZQA qualification.</p> <p>The staffing policy meets with the Ministry of Health safe staffing hours. 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 in-service training programme and additional training is also provided through toolbox talks and staff meetings. A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. The caregivers are encouraged to undertake aged care education (Careerforce). Currently there are six caregivers with level 4 NZQA, three caregivers with level 3 NZQA and 11 caregivers with level 2 NZQA. While cultural orientation and training is provided, cultural competency is not yet developed for staff.</p> <p>The senior management team advised they are working on developing a new cultural competency to ensure the service can deliver high quality care for Māori. The service is planning to expand reporting to encourage collection and sharing of high-quality Māori health information. Plans are in place to encourage staff to participate in learning opportunities around health outcomes and disparities, and health equity.</p>

		Clinical staff can access Te Whatu Ora training. Registered nurse specific training viewed included: wound care, and first aid. There are five RNs employed and four are interRAI trained. The CM provide oversight of the senior registered nurse, the registered nurses and caregivers.
<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. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Caregivers 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>Six staff files reviewed (two caregivers, one care supervisor, one senior RN, one RN and one cleaner) included evidence of the recruitment process, reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the workbook, 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. Data is identified during the employment application stage. The service plans to collect ethnicity data and report it at executive and governance level.</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>	FA	<p>Potential residents are provided with alternative options and links to the community if admission is not possible. The service plans to collect ethnicity information at the time of enquiry from individual residents and analyse this information for the purposes of identifying entry and decline rates that is ethnicity focussed. This information is to be documented in the monthly quality report. The facility has a kaumātua based within the Selwyn campus and is able to consult on</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>matters in order to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports 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 electronic resident files were reviewed. All residents were on the Aged Related Residential Care Agreement (ARRC). The service holds a respite contract; however, no residents were on respite care at the time of the audit.</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. Communication with family/whānau was evidenced in the progress notes. 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 and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a nursing assessment and an initial care plan, which is completed within 24 hours of admission. The assessments include activities of daily living, mobility, dietary, continence, pain, activities, and spiritual/cultural assessments. 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. The triggers and scores from the interRAI assessment are used to develop a long-term care plan. Medical needs, including medication requirements, are included in the long-term care plan. Interventions are to a level of detail that provide guidance to the caregivers to support care needs.</p> <p>All residents had been assessed by the general practitioner (GP) or</p>

		<p>nurse practitioner (NP) within five working days of admission. The service contracts with the local medical centre and has planned GP/NP visits for reviews. The medical centre also provides out of hours on-call cover. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an allied health team, including an exercise physiologist and physiotherapist available as required. 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 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 a family member interviewed reported the needs and expectations regarding their family/whānau were being met. The NP interviewed was complimentary of the service.</p> <p>When a resident's condition alters, the RN initiates a review with the GP/NP. The GP/NP reviews the residents at least three-monthly or earlier if required. Family have been notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, regular photographs and wound measurements were reviewed for one resident with a fungating skin lesion. Wound dressings were being changed appropriately and a wound register is maintained. The registered nurse confirmed access to a wound nurse specialist was 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</p>
--	--	---

		<p>residents and monitoring occurs within the required frequency.</p> <p>Caregivers 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. Written evaluations reviewed, identified if the resident goals had been met or unmet. Short-term care plans were utilised for issues such as infections, weight loss, and wounds. These were signed off when resolved. The GP/NP records their medical notes in the integrated resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service employs two diversional therapists (DTs) who lead and facilitate the activity programme across Monday to Sunday. There are activity resources available for resident and family use. There is a library that is managed by a resident volunteer.</p> <p>The monthly activities calendar includes celebratory themes and events. The weekly activities calendar is posted on noticeboards throughout the facility. Residents are advised verbally of the activities available that day. There are activities for residents who want to be connected with te ao Māori, the Herewini whānau cultural club that teach some basic Te Reo Māori simple conversations, new words and some popular waiata. Staff members work in ways that ensure the connection is authentically maintained. There was a recent visit to Māori performing arts, and other activities include Māori weaving and poi dance.</p> <p>The service engages with local community volunteers and visitors. There are weekly worship services; three chaplains are available for spiritual support and counselling. Residents can use the village amenities that include a café, movie theatre, gift shop, mini market, gym, pool, and wellness centre (including a dentist).</p> <p>The service provides a range of activities, such as: crafts; exercises; bingo; baking and crafts; quizzes; outings; sing-alongs; happy hour movies; a ladies and men's group; supported shopping; services; and pet therapy visits. Themed days such as Matariki, Māori language week, Diwali, Waitangi, and Anzac Day are celebrated with</p>

		appropriate resources available.
<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>There are policies available for safe medicine management that meet legislative requirements. All RNs, and medication competent caregivers 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 nurse and caregivers 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 are appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, have been reviewed, and prescribed by the GP/NP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP/NP had reviewed all resident medication charts three-monthly and each chart has 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 nurse 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</p>

		is prioritised to achieve better health outcomes.
<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 service is sourced out to an external contractor (Compass Group). The commercial kitchen is on site within the Selwyn campus and a chef manager oversees the food service. There is a seasonal four-week rotating menu, which has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>Kitchen staff are trained in safe food handling and education is overseen by the Compass Group. The service can implement menu options culturally 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/NP 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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Kerridge House, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 28 May 2023. Medical equipment is checked annually, and the calibration occurred as required in December 2021. There is a preventative maintenance plan that includes servicing and checking of water temperatures, equipment, furniture,</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>fixtures, and fittings.</p> <p>The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.</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 event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 9 December 2004. A fire evacuation drill is repeated six-monthly and was last completed 12 May 2022, in accordance with the facility's building warrant of fitness requirements. There is a printed up-to-date resident list for evacuation purposes.</p> <p>The building is secure after hours, and staff complete security checks at night. Staff are identifiable and wear name badges. All visitors must sign in, complete a rapid antigen test prior to arrival, or complete one on site and show a negative result before entering the facility.</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>	FA	<p>There are a suite of infection control policies and procedures available to staff.</p> <p>The service is working to access educational resources in te reo.</p> <p>Staff across Selwyn who identify as Māori assist with ensuring culturally safe practices are adhered to in relation to infection control.</p> <p>The infection control coordinator is a registered nurse. Infection data is collated by the CM to generate a report. The infection control report is presented and discussed at the weekly clinical meeting and monthly staff meeting. The organisation is a member of the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters, including infection control and Covid-19. There are a suite of policies and procedures available to</p>

		<p>staff to guide them around safe practices. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p> <p>Staff follow the Selwyn Foundation pandemic plan which is available for all staff. A record is kept of vaccinated residents and staff. There is a large supply of PPE stocks sighted in a large room in the services area, 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. Electronic sign in is required. Hand sanitiser is readily available. Rapid antigen tests (RAT) are requested 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 support from the CM. All infections are entered into the electronic management system by the RNs, which generates a monthly analysis of the data. The service is working towards incorporating ethnicity data with infection control data. There is an end of month analysis with any trends identified and corrective actions for infection events. There are monthly comparisons of data. Benchmarking occurs internally with other facilities in the organisation and externally with other New Zealand aged care providers. Outcomes are discussed at the weekly clinical meeting and the monthly quality/health and safety, and staff meetings. Education is completed to address infection trends for the month with specific goals to improve outcomes. A monthly report is prepared and included in the Board reports.</p>
Subsection 6.1: A process of restraint	FA	The care manager is committed to providing services to residents

<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>without use of restraint; however, the strategic plan has not clearly identified this commitment. 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. 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 with a job description to identify responsibilities. There is a restraint approval group. There were no residents on the restraint register as using a restraint. The use of restraint is reported in the facility quality/staff meetings. The organisation benchmarks restraint use and any restraints would be included in the monthly reports.</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.