

St Patricks Limited - St Patricks Home and Hospital

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:	St Patricks Limited
Premises audited:	St Patricks Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 September 2022 End date: 9 September 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:	56

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
Yellow	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
Red	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

St Patricks Home and Hospital is certified to provide hospital (medical and geriatric), and rest home levels of care for up to 60 residents. There were 56 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

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

The improvement identified in relation to health and safety at the previous certification audit has been fully addressed.

This surveillance audit identified the service meets the intent of the standard.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place for the organisation and a Pacific health plan is being developed. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

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

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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.

The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and 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.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group.

The service adopts a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs.

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

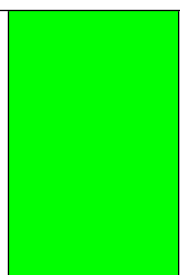
Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building holds a current systems status report issued in lieu of a building warrant of fitness due to certain checks being affected by Covid lockdowns. Electrical equipment has been tested and tagged.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies.

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 clinical manager (registered nurse). There was one resident listed as using a restraint (bed rails) and 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	57	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>The facility manager confirmed that the service supports a Māori workforce with the facility having staff identifying as Māori (or having whānau connections) at the time of the audit. Healthcare assistants (HCAs) interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and management provide data analysis to the Board.</p> <p>The service supports the use of te reo and tikanga into everyday practice. Initiatives included culturally appropriate menu, promotion of te reo, recruitment of Māori staff and embedding a culture of acceptance for all cultures through education.</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>	Not Applicable	<p>The service plans to partner with a Pasifika organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Pacific health plan is developed and implemented. At the time of the audit, there were staff and residents who identified as Pasifika at</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>St Patricks.</p> <p>On admission all residents state their ethnicity. Advised that family members of Pacific residents are encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities 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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The chief executive officer (kaumātua of the local iwi) confirmed that the service ensures that Māori mana motuhake is recognised and confirmed that residents are provided with opportunities to discuss or clarify understanding of their rights.</p> <p>Māori health policy and procedures are documented, and staff complete training on Māori health awareness as part of ongoing training. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Te reo Māori is encouraged by those staff who are able to speak/understand this language (including the CEO).</p> <p>Interviews with six staff (one registered nurse, three HCAs, one diversional therapist, and one administrator) confirmed their understanding of Tikanga best practice with examples provided.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori. This is next scheduled for the end of September.</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>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>responsible for creating a positive, inclusive and a safe working environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were no residents who identified as Māori; however, a Māori health care plan has been developed for any future Māori residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are culturally appropriate policies around informed consent (in both English and Chinese), and the service follows the appropriate best practice tikanga guidelines in relation to consent.</p> <p>Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for relative/next of kin and medical information release were also on file. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written on a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been three complaints in 2022 year to date, and none lodged in 2021 since the previous (certification) audit that took place on 26 January 2021.</p> <p>Discussions with three hospital level residents and three relatives</p>

		<p>confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including surveys, meetings, and the management's open-door policy of interaction. Resident meetings are held two-monthly.</p> <p>Interviews with the facility manager and clinical manager confirmed their understanding of the complaints process. Six staff interviewed (three HCAs, one registered nurse (RN), one diversional therapist, and one administrator) confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>St Patricks Home and Hospital is certified to provide hospital (medical and geriatric), and rest home levels of care for up to 60 residents. There were 56 residents on the days of audit.</p> <p>The CEO and owner/manager and the facility manager/director are the governing body for St Patricks Limited – trading as St Patricks Home and Hospital. The facility manager was able to describe the company's quality goals. The service organisational philosophy and strategic plan reflect a community and resident/whānau centred approach to all services. There is a 2022 business plan that outlines objectives for the period. Objectives are regularly reviewed and signed off when fully attained. The organisation has four main quality goals for the year related to consumer focus, provision of effective programmes, certification and contractual requirements, and quality/risk management. These are then further broken down in to specific objectives and management controls.</p> <p>The service is managed by an experienced facility manager (registered nurse) who has been in the role for over five years and is supported by a clinical manager who has been at the facility for four years. Both managers have maintained at least eight hours annually</p>

		<p>of professional development activities related to managing a rest home. This includes cultural training specific to Te Whare Tapa Wha and te ao Māori.</p> <p>The facility manager collaborates with mana whenua (iwi contacts via the CEO) in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery; and improve outcomes/achieve equity for tāngata whaikaha people with disabilities. The CEO is also a nationally recognised Māori cultural consultant.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, analysed, and cascaded for discussion in staff meetings.</p> <p>Staff meetings also provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction and separate food surveys are completed annually. The surveys completed consistently reflect high levels of satisfaction which was also confirmed during interviews with the residents and families. The service actively looks to improve health equity through critical analysis of organisational practices.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Services Standard.</p> <p>Individual falls prevention strategies are in place for residents</p>

		<p>identified at risk of falls. A physiotherapist visits every two weeks, and the service employs a full-time physiotherapy assistant. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer (mobility) plans are documented, evaluated, and updated when changes occur. The facility manager and clinical manager evaluate interventions for individual residents.</p> <p>Eight paper-based accident/incident forms were reviewed and included: witnessed falls, unwitnessed falls, and skin tears. The incident forms reviewed indicated that the forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly, and a detailed analysis undertaken, which includes mapping of times and areas in which incidents occurred in order to further improve resident care. Results are discussed in the staff meetings and via dedicated private communication app groups (HCA group, RN group). There is a policy and procedure for recording neurological observations which is closely followed.</p> <p>Discussions with the facility manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT of registered nurse shortages during the first Covid outbreak at the facility. There had been two outbreaks documented since the last audit (Covid in May and August 2022). These were appropriately notified, managed and staff debriefed.</p> <p>All contractors are inducted into the facility's health and safety processes on an annual basis. The previous shortfall around an induction for contractors (NZS 8134:2008 criteria 1.2.3.9) 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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses, a selection of HCAs, the cook and diversional therapist hold current first aid certificates. There is a first aid trained</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, nurses, and casual staff. Out of hours on-call cover is shared between the facility manager and clinical manager. The clinical manager performs the facility manager's role in their absence.</p> <p>Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews.</p> <p>There is a registered nurse available for 24 hours per day: 08.00-16.30, 16.00-00.30 and 00.00-09.30.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training is next scheduled for the end of September and includes the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provides resources to staff to encourage them to participate in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The CEO provides ad hoc team talks and education regarding Māori culture when on site.</p> <p>External training opportunities for care staff include training days provided by the local hospital.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Fourteen HCAs have achieved a level 4 NZQA qualification, three level 3, and two level 2.</p> <p>All staff are required to completed competency assessments as part of their orientation. All HCAs are required to complete annual competencies for: care skills; restraint; hand hygiene; correct use of PPE; medication administration (if medication competent); and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include catheterisation, syringe</p>
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		<p>driver and an interRAI assessment competency. Four RNs are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All care staff attend the combined staff/quality/clinical meetings when possible.</p> <p>Resident/family meetings are held two-monthly and provide opportunities to discuss results from satisfaction surveys, corrective actions being implemented, in addition to private discussions regarding resident care.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review (one HCA, one diversional therapist, two registered nurses, and one cook). Staff files are held in hard copy, retained in the facility manager's office, in a locked filing cabinet. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed. Volunteers have not been utilised since the beginning of Covid restrictions.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with an employee ethnicity database maintained.</p> <p>Following any staff incident/accident, evidence of debriefing and</p>

		follow-up action taken are documented. Wellbeing support is provided to staff.
<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 guides staff around admission and declining processes including the required documentation. The facility manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, these capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori at the time of audit. The service engages with the local iwi and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. They will also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</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 resident files were reviewed: three hospital (including one ACC), and two rest home. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau/NOK communication logs. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. 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 completed within 24 hours of admission. The assessments include falls (Morse), pressure area (Norton), skin, nutritional, continence, pain, activities, and spiritual/cultural assessment. Dietary requirements are completed on admission with a copy shared with</p>

	<p>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>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents including the ACC client. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and the GP visits weekly. The GP also provides out of hours cover. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist who visits every two weeks, and a physiotherapist assistant is employed five days per week. A podiatrist visits every six weeks. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Auckland.</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, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by HCAs and RNs. The RN makes an entry at least daily for hospital level care residents and at least weekly for rest home; further adding to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the RN initiates a review with the GP. Family had been notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status. A family/whānau/NOK communication log records family notifications and discussions. Current wound assessments, wound management plans with body map, and wound measurements were reviewed including one resident with a stage II pressure injury. Wound</p>
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		<p>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 other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>HCA's 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 clinical manager reviews all neurological observations daily.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP 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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service facilitates opportunities for any Māori who should enter the service to participate in te ao Māori through the participation in Māori language week, songs and education on the Māori language provided by the CEO.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi, and Chinese New Year are celebrated with appropriate resources available. The Chinese mid-autumn (moon cake) festival celebrations were observed during audit, with staff and residents making moon cakes and enjoying traditional Chinese entertainment.</p> <p>Residents and family members interviewed spoke positively of the activity programme with feedback and suggestions for activities made</p>

		via resident meetings and surveys.
<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 clinical staff (RNs, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were 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 medications are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP or nurse practitioner (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 drug chart has a photo identification and allergy status identified. There were no self-medicating residents. No vaccines are kept on site and no standing orders are in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse and management described processes for working in partnership with Māori residents and whānau (should they enter the service) to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better</p>

		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 service adopts a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. The service will liaise with Māori residents as needed to ensure Māori and whānau have menu options culturally specific to te ao Māori.</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 family/whānau and other service providers to ensure continuity of care.</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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at St Patricks, and comply with legislation relevant to the health and disability services being provided. The current building systems status report (issued in lieu of a building warrant of fitness during Covid restrictions) expires 28 September 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There are no plans for building projects, or further refurbishments, however if these arise, the organisation has a process to consult with Māori representatives, thereby ensuring Māori aspirations and identity are included.</p>

<p>belonging, independence, interaction, and function.</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>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service and fire evacuation drills are completed six-monthly.</p> <p>The building is secure after hours, and staff complete security checks at night. Currently, under Covid restrictions visiting is restricted. All visitors must complete a rapid antigen test and show a negative result before leaving reception.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is working towards incorporating te reo information around infection control for any potential Māori residents and current staff members who identify as Māori, acknowledging the spirit of Te Tiriti.</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>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection prevention and control policy in use at the facility. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data, (including ethnicity) is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed</p>

		<p>at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff. The infection control programme is reviewed externally by a consultant who produces benchmarking which is shared between her client base every three months.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors on entry to the facility and in the hallways. Ministry of Health information and Covid-19 information is available to all visitors to the facility. There have been two outbreaks (Covid-19) since the previous audit.</p> <p>Visitors to the facility complete health screening declarations and records are kept of all incoming and outgoing visits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. 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 clinical manager. There was one resident currently listed on the restraint register as using a restraint (bed rails). The use of restraint is reported in the monthly facility quality/staff meetings and to the director/CEO via the clinical manager.</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.