

Papatoetoe Healthcare Limited - Papatoetoe Residential Care

Introduction

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

The audit has been conducted by The DAA Group Limited, 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:	Papatoetoe Healthcare Limited
Premises audited:	Papatoetoe Residential Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 March 2023 End date: 16 March 2023
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:	27

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

Papatoetoe Healthcare Limited provides hospital and rest home level care and care for young people with disabilities for up to 30 residents.

A change of ownership occurred on 13 April 2022. The executive director, who owns one other aged care facility in the Auckland region, is the owner. The facility is managed by a facility manager who has been in the role for three months.

This certification audit process against Ngā Paerewa NZS8134:2021 included review of policies and procedures, review of residents' and staff files, observations, and interviews with the executive director, residents, family members/ whānau, facility manager, staff, and two general practitioners. The auditors sought to respond to queries from Te Whatu Ora Counties Manukau against aspects of the contracts and service delivery.

Improvements are required to the collection of infection data.

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.

The cultural safety policy guides staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evidenced in service delivery.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Residents and family/whānau are informed about the complaints process at the time of admission. A complaints register is maintained and demonstrates complaints are resolved promptly and effectively.

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 management team assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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.

When people enter the service, a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident or family/whānau. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive assessments, and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided meets the needs of residents and family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

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 facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells.

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.		Some subsections applicable to this service partially attained and of low risk.
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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

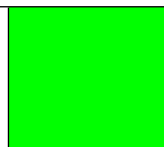
Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention infection and waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

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



Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the management team and policies and procedures. There were five residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques and alternative interventions.

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	28	0	1	0	0	0
Criteria	0	170	0	1	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>Papatoetoe Residential Care has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. There were staff who identified as Māori on the day of the audit. There were residents who were of Māori heritage but didn't identify as Māori at the time of audit.</p> <p>Residents and whānau interviewed reported that staff respected their right to manu motuhake, and they felt culturally safe. Staff reported they include tikanga in their practice and are learning te reo Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>Papatoetoe Residential Care (Papatoetoe) works to ensure Pacific peoples' worldviews, cultural and spiritual beliefs are embraced. There are long serving staff who identify as Pasifika who bring their own skills and expertise. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their</p>

<p>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>knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the activities co-ordinator to identify any shortfalls.</p> <p>Papatoetoe has cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include Pacific models of care and guide staff to deliver culturally safe services to Pasifika people.</p> <p>There were residents who identify as Pasifika at the time of the audit.</p> <p>Papatoetoe identifies and works in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service.</p> <p>For example, an external health provider has trained staff, and a Pasifika community group visits to provide social wellbeing.</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>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice.</p> <p>The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area and on notice boards around the facility. The Code was available in English and te reo Māori. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process.</p> <p>The service recognises Māori mana motuhake by involving residents, family/whānau where applicable, and in the assessment process which determines residents' wishes and support needs. A Māori health care plan is available for use where applicable. Residents and family/whānau confirmed that services were provided in a manner that</p>

		complies with their rights.
<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>Residents are provided with an opportunity to share what is important to them through the nursing admission assessment process and the activities assessment process. Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics are identified during the admission process. These were documented in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these. Work is in progress to ensure all staff receive Te Tiriti o Waitangi training.</p> <p>The services provided demonstrated respect for residents' dignity, privacy, confidentiality, and preferred level of independence. Staff were observed respecting residents' personal areas and privacy during care delivery. Personal cares were provided behind closed doors. Shared bathrooms and toilets had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible, for example carrying out their own their personal cares if able. Residents can freely attend to activities of choice in the community. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.</p> <p>There were some residents of Māori heritage who do not identify as Māori. Staff who identify as Māori can be utilised to support Māori residents where appropriate. The registered nurse (RN) stated that Māori residents will be supported to participate in te reo Māori when required and tāngata whaikaha needs are responded to as assessed. Contact details for kaupapa Māori providers were available and accessible to staff.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<p>Staff have received education on professional boundaries, code of conduct, discrimination, security and abuse and neglect during the staff orientation period and annually through an online training portal.</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>There was no evidence of discrimination or abuse observed during the audit. In interviews, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and exploitation. Residents confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission. The facility manager (FM) stated that Papatoetoe Residential Care has zero tolerance of abuse or neglect. They stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards in place to protect residents from abuse revictimisation, institutional and systemic racism include staff education, the complaints management process, residents' meetings, and satisfaction surveys. A strengths-based and holistic model of care Te Whare Tapa Whā, is utilised to ensure wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents or family/whānau are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Information provided to residents and family/whānau is mainly in English language. Family/whānau may assist with interpretation where appropriate. Interpreter services are engaged if required. Written information, verbal discussions and non-verbal communication methods are utilised to improve communication with residents and their family/whānau. Open communication with resident and family/whānau is promoted through the open-door policy maintained by the facility manager (FM). Residents and family/whānau expressed satisfaction with communication from the FM and the clinical team's response to requests. A record of phone or email contact with family/whānau was maintained.</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>Staff understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans were completed. Staff were observed to gain consent for daily cares. There were no residents with advance directives in the files sampled. However, the FM stated that residents are made aware of advance directives during the admission process.</p> <p>Tikanga guidelines in relation to consent is practiced. Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person or enduring power of attorney (EPOA) for residents were involved. Residents are offered a support person through the advocacy services when required. Communication records verified inclusion of support people and family/whānau where applicable.</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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes. Complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit. The facility manager (FM) is responsible for complaints management and follow up.</p> <p>The FM reported and documentation evidenced that a translator/ advocate who identified as Māori would be available to support people</p>

		if needed.
<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>The management team assumes accountability for delivering a high-quality service through supporting meaningful representation of Māori and honouring Te Tiriti through advice from external Māori advisors.</p> <p>The 2021-2023 business plan includes the vision, mission statement, and goals. The goals include ensuring that all clauses in the aged related residential care contract are being met, safe levels of staffing are maintained, food prepared for the residents meets the nutritional requirements, and a varied and interesting activities programme. It includes a goal to provide a home for the elderly and younger disabled within the community, which enhances their health, wellbeing and quality of life.</p> <p>The executive director (ED) has been in the role for eleven months and has been the ED for another facility for five years. They bring their own skills, expertise and knowledge to the role and have attended cultural training. The ED reported they also have knowledge of the aged related residential care contract requirements to enable good governance.</p> <p>The clinical team discussed clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the clinical meetings were sighted.</p> <p>Papatoetoe ensures compliance with legislative, contractual, and regulatory requirements through keeping up to date with sector communication and changes, training, Te Whatu Ora Counties Manuka, and colleagues.</p> <p>The FM confirmed knowledge of the sector, regulatory and reporting requirements, maintains currency within the field and has been in the role for three months. This person has 20 years aged care experience, is a registered nurse and has completed the management essential course for aged care managers. Support is provided by the ED. When the FM is absent, the senior registered nurse carries out all the required duties under delegated authority with support from the ED.</p>

		<p>The management team demonstrate leadership and commitment to quality and risk management through for example the business plan, risk register, improving services, reporting, and purchasing equipment. The ED reported that the FM is a competent manager and provides adequate information to monitor performance.</p> <p>Management is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whanau and staff knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>Papatoetoe identifies and works to address barriers to equitable service delivery through cultural needs assessments, training, and advice from external providers.</p> <p>Residents receiving services and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, family/whānau meeting minutes evidenced positive feedback.</p> <p>The service holds contracts with Te Whatu Ora Counties Manukau for age related residential care (ARRC), respite, rest home, hospital and long-term support chronic health conditions (LTSCHC) contract for up to 30 residents.</p> <p>The FM advised there is also a contract for primary options for acute care (POAC) and outpatient antimicrobial therapy (OPAT). There were no residents receiving care under these two contracts at the time of audit. Contracts are also held with Manatū Hauora for young people with a disability (YPD).</p> <p>Twenty-seven residents were receiving services under the contracts on the day of the audit. Two residents were receiving rest home level of care and 25 were receiving hospital level care.</p> <p>Four residents were receiving care under the long-term chronic health contract (LTCHC), including two under 65. One resident was receiving care under the YPD contract. One resident was receiving palliative</p>
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		<p>care.</p> <p>One resident was funded by Accident Compensation Corporation (ACC).</p> <p>Twenty residents were receiving care under the ARRC (long term care) contract.</p> <p>Five beds are certified as dual-purpose beds.</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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures and clinical incidents including infections and falls.</p> <p>Residents, whānau and staff contribute to quality improvement through meetings and surveys. The overall result of the last resident survey was not able to be located, however one completed survey evidenced satisfaction with the service. The next family/whānau survey is due to be completed by the end of June 2023. The result of the staff wellbeing survey completed in March was satisfactory.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey and monthly resident, family/whānau meetings. Minutes of the last meeting held on 21 February 2023 were read.</p> <p>Meetings with caregivers, registered nurses, and clinical meetings are held monthly. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>Quality improvement initiatives include documenting clinical handovers, structured cleaning schedule, new equipment for residents such as a reclining shower chair and platform weigh scales, introducing emergency flip charts, and aprons for the staff to wear at resident mealtimes.</p> <p>Data related to clinical indicators, for example, falls and infection</p>

		<p>rates, is entered electronically and discussed at the monthly staff meetings.</p> <p>The FM and ED meet weekly and are in daily contact. A sample of email communication was sighted.</p> <p>The 2023 internal audit schedule was sighted. Completed audits include monthly compliance, clinical records, medication, kitchen, handwashing and standard precautions, activities and cleaning. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include fire, abuse and neglect, staffing, environment, emergency, waste, infection prevention and control, and financial. Staff reported at interview that they knew to report risks.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Evidence was sighted that incidents are being disclosed with the designated next of kin. The provider is not required to follow the external reporting under the National Adverse Event Reporting Policy.</p> <p>The FM understood and has complied with essential notification reporting requirements.</p> <p>The change of FM notified on a S31 to HealthCERT on 17 November 2022 was sighted. The FM reported that no S31 notifications of being short staffed due to staff illness and difficulty recruiting have been made to HealthCERT since their employment. There have not been any police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high quality health care for Māori through for example, training, including cultural safety training, cultural</p>
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		<p>assessments, care planning, and communicating with the resident, family/whānau.</p> <p>Staff reported they are learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, for example adverse events, infections, falls, flu like symptoms, and pressure injuries. The results in the area of falls were high with no injuries sustained as a result of the incidents. Strategies were put in place for example GP review, medication, and ensuring the resident's needs were being met. Monitoring is ongoing.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. (24/7). A Safe Rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of six weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Residents and whānau interviewed confirmed there were sufficient staff.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>An afterhours on call system is in place with the FM and senior RN sharing on call 24/7. Both are registered nurses with a current annual practicing certificate.</p> <p>The FM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, medication, infection control and hoist competencies confirmed the training.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The FM reported and</p>

		<p>documentation confirmed that staff hold level three and level four New Zealand Qualification Authority (NZQA) education qualifications. The FM is an assessor and plans to continue ensuring staff are undertaking the NZQA qualifications as needed. One of the five registered nurses are interRAI trained.</p> <p>Training is provided either face-to-face or on-line and included advocacy, code of conduct, chemicals, continence, informed consent, fire evacuation, incident reporting, hazards, pressure injuries, physical intervention, safe and secure environment and challenging behaviour, and physical disabilities.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans. Resident's meetings are held monthly and are an opportunity for people to discuss and express aspects with the service. Positive comments regarding the meals were noted in the minutes.</p> <p>Papatoetoe has begun to collect their own training resources and build on their own knowledge by learning te reo. A comprehensive presentation was evidenced.</p> <p>External agencies are contacted where health equity expertise is not available. For example, staff recently had training with a Te Whatu Ora specialist.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions are documented and were sighted in the files reviewed. Professional qualifications where required are sourced prior to employment and annually thereafter.</p> <p>The FM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the six registered nurses, 15 pharmacists, dietitian, two general practitioners, and the podiatrist. All were current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for</p>

		<p>their role. New caregivers described their orientation and are buddied with an experienced staff member for up to two months.</p> <p>Orientation includes fire evacuation, health and safety, moving and handling, policy manual, resident personal cares, laundry service, complaints, falls, and infection control.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Policies and procedures guide staff in the management of information.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. The service uses a paper-based information management system for clinical files and electronic files for medication management. Residents' information was stored securely in locked cupboards. Staff have individual passwords to access the electronic systems.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' national health index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p>
Subsection 3.1: Entry and declining entry	FA	Entry to services enquiries is managed by the FM to assess suitability for entry according to the levels of care provided. The entry criteria are

<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>		<p>clearly communicated to prospective residents, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>The entry to services policy and procedure is documented and has clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Enquiry records are maintained. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. The service has established links with Māori organisations to benefit Māori residents and whānau when required. Residents have access to complimentary/traditional medicines if desired. The general practitioners (GPs) stated that cultural support for Māori traditional medicine use can be accessed per resident's request.</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>The registered nurses (RNs) complete nursing admission assessments, care plans and care evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or EPOAs where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the</p>

		<p>assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Care plans were individualised and included wellbeing and health needs of residents. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Identified family/whānau goals and aspirations were addressed in the care plan where applicable. Appropriate equipment was provided and processes were implemented for pressure injury management.</p> <p>Cultural appropriateness standard operating procedures are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process when required. Te Whare Tapa Whā model of care is available for use when required. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora and Māori healing methodologies, such as karakia, mirimiri and rongoā are considered. Staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the guidelines for understanding Māori culture and the FM reported that these will be eliminated as required.</p> <p>There are two contracted GPs who provide medical services to the residents. Medical assessments were completed by the GPs within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. On call services are provided as required.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Changes in residents' health were escalated to the GPs. Timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Residents were transferred to acute services when required and discharges were managed effectively. The GPs expressed satisfaction with the care provided and</p>
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		<p>communication from the nursing team.</p> <p>Residents' care was evaluated on each shift in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. InterRAI triggered outcomes were addressed in the care plans reviewed. Short-term care plans were completed for acute conditions, and these were reviewed and closed off when the condition has resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as family/whānau goals and aspirations where applicable. Where progress was different from expected, changes were made to the care plan in consultation with residents and family/whānau where applicable.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</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>	FA	<p>The activities programme is completed by the activities coordinator. A weekly activities programme is completed and posted on notice boards around the facility. Each day's activity plan is written on the white board in the dining room. Residents' activity needs, interests, abilities, and social requirements were assessed as part of the admission process. The activities care plans were completed using the information collected. The activities programme is reviewed regularly in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, identity and included normal</p>

		<p>community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include quizzes, indoor bowls, craft, music, external entertainers, walks and birthday celebrations. Cultural events celebrated include Waitangi Day and Matariki. Other opportunities facilitated for Māori to participate in te ao Māori include Māori external entertainers invited to perform for residents. Some residents are able to go out to visit family/whānau and friends in the community independently or with family/whānau support. Family/whānau can visit residents in the facility as desired. Visitors were observed visiting residents on the days of the audit.</p>
<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>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GPs. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines, and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Over-the-counter medication and supplements were documented where applicable. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug</p>

		<p>register provided evidence of weekly and six-monthly stock checks and accurate entries. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended ranges. Residents and their family/whānau are supported to understand their medications when required. This was observed during the audit days. The GPs stated that when requested by Māori, appropriate support and advice for Māori treatment can be accessed. The service does not keep vaccines on site.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this would be managed in a safe manner when required. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food is prepared on site and is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 22 June 2022. Meals are served in the dining room and residents who chose not to go to the dining room for meals, have meals delivered to their rooms. Residents expressed that they are offered an alternative if they do not want what is on the menu. Some of the food options culturally specific to te ao Māori on the menu include pickled pork, kumara and steamed fish. Residents who were of Māori heritage expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage,</p>

		<p>transportation, delivery, and disposal comply with current legislation and guidelines.</p> <p>The food verification audit for the food control plan renewal was completed on 9 March 2023. The service was still waiting for the certificate on the days of the audit. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the variety of the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>The FM and RN stated that residents will be supported to access kaupapa Māori agencies where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>A current building warrant of fitness is publicly displayed. It expires on 16 March 2023. The FM reported the 2023 check has been completed however the certificate has not yet been issued.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule.</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>Residents confirmed they know the processes they should follow if any repair or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</p> <p>Equipment tagging and testing is current as confirmed in records, interviews with the FM, maintenance personnel, and observation. Calibration of biomedical records were sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs. The FM reported that appropriate equipment such as wheelchairs, which are considered to be communal equipment, are available when needed for example, outings to appointments.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Communal areas are available for residents to engage in activities. The facility has two levels. All residents' care areas are on the ground (main) floor. The upper level is used by staff only.</p> <p>One dining area and one lounge area are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs.</p> <p>There is one ensuite that is shared by residents from two rooms. The locking device for privacy was sighted. All residents' rooms have a hand basin.</p> <p>The number of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote resident's independence.</p> <p>Twenty-six bedrooms provided single occupancy, except for two designated shared rooms. Adequate screening and privacy are maintained in the shared room occupied. The other shared room currently has one resident residing in the room. The FM discussed the process of admitting a resident to a shared room to ensure this was appropriate and the rights of both residents were met. There is consideration of compatibility with residents. Six bedrooms have external doors to their own deck. Residents and family/whānau</p>
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		<p>reported the adequacy of bedrooms.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. Caregivers reported that they respect the resident's spiritual and cultural requirements.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>Heating is centralised, provided by under-floor heating in the hallways with ducting throughout the facility. The temperature can be adjusted. There is a large gas wall mounted heater in the dining room, which effectively warms the room and nearby areas.</p> <p>The FM reported that residents and family/whānau would be consulted and involved in the design of any new buildings.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed.</p> <p>Emergency evacuation plans are displayed and known to staff. The current fire evacuation plan was approved by the New Zealand Fire Service on 8 June 2000.</p> <p>The service's emergency plan meets the needs of people with disabilities in an emergency.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 22 November 2022. The record was sighted.</p> <p>A wall mounted flip chart provides guidance for staff on responding to civil emergency and disaster events.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Staff reported attending fire safety training in November and records confirmed this. Fire extinguishers, call boxes,</p>

		<p>floor plans, hose reels, sprinklers alarms, exit signs, and fire action notices were sighted.</p> <p>Registered nurses have a current first aid certificate. Caregivers were observed to be undertaking first aid training at the time of the audit. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>The FM reported and observation confirmed there are adequate supplies for use in the event of a civil defence emergency, including dry food, emergency lighting, and clinical supplies.</p> <p>A 1000 litre water tank was sighted onsite that contained sufficient supplies for use in emergency. This meets the National Emergency Management Agency recommendations for the region. The water is treated monthly.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. Residents are informed of the emergency and security arrangements at entry. Residents were familiar with emergency and security arrangements. An intercom and camera are present at the main door to enable staff to identify visitors before granting access.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>The current business plan includes a goal to ensure positive clinical outcomes for the residents to the highest possible level through monitoring the incidence of infections and put any preventative measures learned into action.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora, the medical laboratory, external consultants, and the attending GPs.</p> <p>An Infection Control component is included in monthly staff meetings.</p> <p>The incident accident reporting policy documents the pathway for the</p>

		<p>reporting of issues and significant events to the FM and ED.</p> <p>The Pandemic Plan has been tested through the outbreak of Covid.</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 FM is the infection control coordinator who coordinates the implementation of the infection prevention (IP) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control policy and procedures. The infection control coordinator (IFC) has completed external education on infection prevention in November 2022 and has access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the owner and is linked to the quality improvement programme. The IP programme is reviewed annually and was last reviewed on 20 May 2022.</p> <p>The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention standards and include appropriate referencing. The pandemic/outbreak management plan in place is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required. The IFC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on individual basis when an infection was identified and group education in residents' meetings.</p> <p>The IFC is involved in the procurement of the required equipment, devices, and consumables through approved suppliers and Ministry of Health. The FM reported that they will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this has not been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately</p>

		<p>decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>Residents who are of Māori heritage were consulted on IP requirements as needed. In interviews, staff understood these requirements. Work is in progress to source educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owner. The AMS policy in place aims to promote appropriate antimicrobial use, optimise resident outcomes, and minimise adverse consequences of antimicrobials. The prescriber has the overall responsibility for prescribing antimicrobials. Antimicrobials prescribed were documented in the antimicrobial register and evaluation of antimicrobials used was completed monthly. A monthly report was received from the pharmacy with a list of dispensed antibiotics as supporting evidence.</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-</p>	PA Low	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The healthcare associated infections (HAIs) being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance records did not include ethnicity data.</p> <p>Infection prevention audits were completed with relevant corrective</p>

<p>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>actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. COVID-19 infection outbreaks reported since the previous audit were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely in the chemical room. Material data safety sheets were displayed in the chemical storage room. Cleaning products were in labelled bottles. Household staff ensure that the trolley is safely stored when not in use. There was sufficient PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean on the days of the audit. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed. The IFC has oversight of the facility testing and monitoring programme for the built environment. These did not reveal any significant issues.</p> <p>Laundry is completed onsite. There is a clear separation of clean laundry and dirty laundry areas. The effectiveness of laundry processes is monitored by the internal audit programme. Residents' surveys and residents confirmed satisfaction with cleaning and laundry processes.</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>Maintaining a restraint free environment is the aim of the service. This is documented in the restraint policy. The ED and FM confirmed commitment to this.</p> <p>Policies and procedures meet the requirements of the standard.</p> <p>At the time of audit five residents were using a restraint. One resident's file was audited as part of this audit. The FM reported that a restraint would be used as a last resort when all alternatives have been explored, for example, walking frames, sensor mats, low beds.</p> <p>The FM is the restraint coordinator providing support and oversight for any restraint management. Their position description was sighted.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability.</p> <p>The provider has plans to develop the reporting of aggregated restraint data including data analysis supporting the implementation of an agreed strategy.</p> <p>The FM is involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included restraint minimisation and safe practice and management of challenging behaviours. Staff confirmed they have received training.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The assessment for the use of restraint was to keep the resident from falling in the form of a lap belt for use in a chair, and bed side rails. It was completed and signed by the FM, the resident's family/whānau, and included all requirements of the standard.</p> <p>Records of two hourly monitoring of restraint use were documented in line with the requirement. The restraint register contained enough information to provide an auditable record. Access to advocacy is facilitated as necessary.</p> <p>The use of the restraints was reviewed three monthly. The reviews</p>

		were signed by the FM. The FM reported that should there be any unplanned emergency restraint, staff would be offered a debrief with the FM.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	The August 2022 review of all restraint use included all the requirements of the Standard. The outcome of the review was reported to the executive director. The FM reported that any changes to policies, guidelines, education and processes would be implemented if indicated. There have been no new restraints in the last three months.

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities are described and documented using standardised surveillance definitions. Reported infections are recorded on the infection data collection form. Resident’s name, type of infection, date of infection, treatment, and evaluation were the items recorded on the infection data collection form. Resident’s ethnicity was not recorded.</p>	<p>Infection surveillance did not include ethnicity data.</p>	<p>Ensure infection surveillance includes ethnicity data to meet the criterion.</p> <p>180 days</p>

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.