

Methven Aged Person's Welfare Association Incorporated - Methven House

Introduction

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

The audit has been conducted by 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: Methven Aged Person's Welfare Association Incorporated

Premises audited: Methven House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 21 February 2023 End date: 22 February 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: 11

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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

Methven House provides rest home services for up to 14 residents. Methven House is a small community facility, supported and governed by a committee from the local community.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and a general practitioner.

Strengths of the service include the strong community connection the facility and residents have with the local community. The value of this connection to the local community, is one of the reasons family and whānau choose Methven House. This sense of connection can be seen across all aspects of the service, with school and community groups regularly visiting and supporting Methven House and its residents. The governance committee are proud of the community support that allows rest home services to continue to be provided in Methven. This community connection is unique and is acknowledged with a continuous improvement rating of criterion 3.3.2.

Four areas of improvement were identified during the audit, relating to staff training, care planning, medication management and the infection control programme.

Recommendations have been made relating to some of the new criteria in this revised Ngā Paerewa 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.
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Methven House has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Their cultural safety policy links to He Korowai Oranga, New Zealand's Māori Health Strategy. Mana motuhake is respected.

At the time of audit there are no residents in the rest home who identify as Māori or Pasifika.

Methven House have not yet established links with mana whenua to provide guidance and advice around cultural practice and safety for residents who identify as Māori. Likewise, links are yet to be established with Pasifika communities to ensure cultural practice and safety for residents who identify as Pasifika.

There is currently no strategy in place to recruit Māori health workforce at Methven House.

Residents and their 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 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. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governance committee assumes accountability for delivering a high-quality service, and they work closely with the nurse manager who also attends their monthly committee meetings. There are opportunities to establish meaningful inclusion of Māori; in the governance of Methven house; to honour Te Tiriti; and to reducing barriers and to improve outcomes for Māori.

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 families provide regular feedback and staff are involved in quality activities. The collection and analysis of quality improvement data and clinical indicators, 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.

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

Staff training is being provided, but there is a need to develop a systematic approach to identify and deliver ongoing learning supports so that training is up to date, and mandatory training for each employee's role has been completed.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information about Methven House and the care offered is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and 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. Involvement in the community is a strength of the service and a continuous improvement rating is awarded in the area; refer criterion 3.3.2.

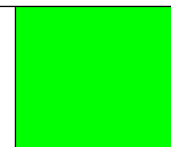
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for on request. 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. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of the residents.

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. Security is maintained.

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.

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 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 and transmission of infections. 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.
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Methven House operates restraint free environment. This is supported by the governance committee and policies and procedures. There were no residents using restraints at the time of audit. This was confirmed in reporting, review of resident's files, and at interview. A comprehensive assessment, approval, monitoring process, in in place if a restraint were to be used in the future. Staff had received training around restraint policies and restrain minimisation.

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	23	0	2	2	0	0
Criteria	1	140	0	2	2	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>Methven House has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Their cultural safety policy links to He Korowai Oranga, New Zealand's Māori Health Strategy. Mana motuhake is respected.</p> <p>There is no Māori Health Plan in place, and Methven House have not yet established links with mana whenua to provide guidance and advice around cultural practice and safety.</p> <p>At the time of audit there are no residents in the rest home who identify as Māori. Staff have completed some training on Te Tiriti o Waitangi, and on the te whare tapa whā model of support. Where possible Māori events and celebrations are incorporated into the Methven house activity plan.</p> <p>Residents and their families interviewed reported that they felt culturally safe.</p> <p>There is currently no strategy in place to recruit Māori health</p>

		workforce at Methven House.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Methven House has developed policies, procedures, and processes to ensure cultural safety. At the time of audit there are no residents in the rest home who identify as Pasifika. Methven House employs some staff who identify as Pasifika and is open to recruiting others across available roles. Methven House would look for their Pasifika staff to be able to provide guidance and advice around cultural practice and safety when caring for Pasifika residents and their family. Methven House does not have a Pacific plan in place and is yet to establish links with Pasifika health organisations and communities.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Staff understood Māori mana motuhake and the rights to self-determination for all residents including Māori.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) on admission. They were given opportunities to discuss and clarify their rights and were provided with written material to reference.</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>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Staff have complete training on Te Tiriti o Waitangi. Te reo Māori is</p>

		<p>promoted through bilingual signage, the use of te reo Māori in recreational quizzes and celebrating Māori language week as part of the activities programme. Tikanga guidelines are available and promoted within the service.</p> <p>There were no residents who identified as Māori at the time of audit, staff described how they would respond to tangata whaikaha needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic and is based on the identified strengths and needs of patients. Wellbeing outcomes, including those for Māori, are evaluated as part of the assessment and care planning process.</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>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy to understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner with those interviewed stating they were kept fully informed, had time for discussion and time to make decisions.</p> <p>Appropriate communication with other health professionals involved in a patient's care, for example allied health and community providers, was evident and detailed. The general practitioner interviewed confirmed communication was timely and appropriate.</p> <p>Staff knew how to access interpreter services, when required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative and whānau are provided with the information necessary to make informed decisions. Residents and whānau stated they were supported and felt empowered to actively participate in decision making.</p> <p>Nursing, and care staff interviewed understood the principles and practice of informed consent. Individual consent to care was evident in all files reviewed and included consent for the release of resident information, taking photographs and van outings. Tikanga guidelines are available to guide practice when working with Māori residents.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>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. People and whānau/families understood their right to make a complaint and knew how to do so.</p> <p>A complaint register is maintained, which records each complaint made, the status of the complaint, and reference to where the complaint documentation is stored. A review of the four complaints that have occurred over the past year confirm the complaint process is being managed within expected timeframes, with outcomes communicated to the complainant. There had been one complaint made to the Health & Disability Commission, that did not require investigation or any action to be taken, and has been closed. There have been no other complaints received from external sources since the previous audit. At the time of audit there were no residents who identified as Māori, and no complaints had been received from Māori. A system to illustrate that the complaint process is equitable for Māori, is yet to be developed.</p>
Subsection 2.1: Governance	FA	Methven House is operated by the Methven Aged Person's Welfare

<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>Association Incorporated (MAPWAI), and governance is provided by the Methven Aged Person's Welfare committee (The Committee) as determined by MAPWAI's constitution. The committee is comprised of elected members, and representatives from three churches involved in the establishment of Methven House. At the time of audit only one church had a representative on the committee. The six elected committee members have different areas of expertise which are utilised in the running of Methven House, and many have family members residing at Methven House. The chair of the committee was appointed from the elected members.</p> <p>One of the committee members has a nursing background with knowledge of the sector. The committee employ a nurse manager (NM) and an assistant nurse manager (ANM) who both confirmed their knowledge of the sector, regulatory and reporting requirements and maintain currency within the field. Both managers maintain the requirements of their practising certificates and keep current by attending relevant training and workshops.</p> <p>The committee meet monthly to review all aspects of operational management, financial management and property issues. The nurse manager and a minute taker also attend these meeting, which follow a set agenda. In addition there is a separate management meeting that occurs every three months that is attended by the committee chair, treasurer and the committee member who is responsible for human resources.</p> <p>The committee have not yet been able to establish links with Māori and Pasifika to support the committee in their governance role, and to deliver high-quality service through supporting meaningful inclusion, honouring Te Tiriti and being focused on improving outcomes for Māori and Pasifika.</p> <p>The committee have not yet undertaken education on Te Tiriti, health equity, and cultural safety that is available to guide them around compliance against Ngā Paerewa. The committee were unfamiliar with the changes relating to the introduction of Ngā Paerewa.</p> <p>Methven House has a combined business, quality, and risk</p>
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		<p>management plan in place, which was reviewed on site. This plan includes their purpose, values, scope, direction, performance, and strategic goals. The committee and the NM and ANM commit to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular clinical indicator analysis, occupancy and financial data, information data collection (e.g., adverse events, complaints), recruitment and employment issues. Changes are made to the business, quality and risk management plan as required.</p> <p>Residents are supported to participate and provide feedback through resident meetings, and family feedback is gathered through a satisfaction surveys. This feedback is gathered and used to improve services.</p> <p>Methven House and the committee have strong links to the local community, which is actively involved in supporting Methven House, and maintaining aged care services in Methven. When interviewed, members of the committee they are proud that they have been able to maintain a rest home in Methven but acknowledge the future challenges of keeping the facility going. The age and configuration of the Methven House building, along with its small size challenge the ongoing viability of the service. In response to this the Methven House Trust has been established which includes two members from the Methven House committee and other trustees. The Methven House Trust has been tasked with finding and funding a larger building for Methven House to move to. A building has been purchased with plans in place for building modification works to be carried out at a later date.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury for rest home care and respite care. Eleven residents were receiving services under the rest home contract at the time of audit.</p> <p>At the time of the audit, the committee did not identify or monitor barriers to equitable service delivery, or have processes in place to address these.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Methven House has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, a regular satisfaction survey and maintaining policies and procedures. Residents meeting are held quarterly, and staff contribute to quality improvement occurs through regular staff meetings.</p> <p>An internal audit programme is in place, and relevant corrective actions are developed and implemented to address any issues identified through this process.</p> <p>Except as noted to address the revised Standard, policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Staff confirmed that feedback is provided to staff at the staff meetings or at handover. A summary of events is reported to the committee, along with information about complaints, risks, and clinical indicators. An interview with committee members confirmed that they receive appropriate management reporting and notification of information to inform their governance decisions and oversight.</p> <p>The NM understood and has complied with essential notification reporting requirements. Section 31 notifications made to the Ministry of Health and Te Whatu Ora over the past year have all been in relation to people either leaving or joining the Methven House committee. The facility manager confirmed there had been no police investigations, coroner's inquests, or issues-based audits in the past year.</p> <p>Methven House has still to critically analyse equity and its meaning</p>
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		for the organisation.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). The facility operates a fortnightly roster, with staff working set days and shifts to meet the needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and RN coverage is provided during weekdays when the NM and AMN are at work, and collectively they provide on call support afterhours and on weekends.</p> <p>Methven House has experienced challenges around the recruitment of staff, which the NM explained was due to Methven being a small town, with a limited labour force. Gaps in the roster had been covered by casual staff, or staff working additional shifts, and by the NM, or AHM working in hands on roles. The facility does not use agency staff to fill gaps in the roster.</p> <p>Staff training requirements are detailed in policy, and continuing education is provided through HealthLearn or at staff meetings usually by the management team. There was no training plan in place that details what training will be provided for the year and what topics will be covered at staff meetings. There is no method of tracking staff training, to identifying what the training requirements of staff are, or when they are due to repeat training. Education records are incomplete, and it could not be demonstrated that all staff have completed training on Te Tiriti o Waitangi. Related competencies are assessed but there is no clear system to track what competencies each staff person has completed and when these are to be redone. Some of the care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Te Whatu Ora Waitaha Canterbury.</p> <p>Staff reported feeling well supported and safe in the workplace.</p> <p>Methven House has yet to establish how they will encourage staff</p>

		in learning opportunities related to health equity, Māori health outcomes and te reo Māori.
<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 practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff records were held in individual files, which are stored securely, and only accessible to those who require access to them.</p> <p>The manager described the recruitment process includes referee checks, police vetting, and validation of qualifications and annual practicing certificates (APCs). The APCs of health professionals employed or used by the facility were sighted. Job/role descriptions are in place for all positions, which specify the requirements for the position and key performance indicators to assess performance.</p> <p>Records reviewed show that an induction orientation process takes place when staff are employed. Staff report they are buddied up with another staff member and felt supported by the management team and the other staff. Staff performance is reviewed and discussed at regular intervals, confirmed by staff records and through interviews with staff.</p> <p>Support is available to staff through the management team, including on call support after hours. There are opportunities for staff to have a debrief following an incident, with staff reporting that this occurs and that they felt well supported.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>All necessary, 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</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>		<p>standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. The service is not responsible for issuing NHI registration numbers.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Methven House is currently full, and a waiting list is documented with the manager maintaining contact with prospective residents by telephone.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision.</p> <p>Analysis of entry and decline rates does not yet occur, and ethnicity data is not collected.</p> <p>Methven House does not currently have any Māori residents. Staff described working with the whānau of a Māori resident in 2022. However, the facility is yet to develop meaningful partnerships with local Māori communities.</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</p>	PA Moderate	<p>The registered nurses at Methven House work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by a registered nurse following nursing and medical assessment, including consideration of the resident's lived experience, cultural needs, values, and beliefs and considers wider</p>

<p>rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>service integration where required.</p> <p>Assessment on admission considers the residents mobility and risk of falling, nutritional needs, continence, skin integrity and cognition. A social profile documents resident interests and personal history. An initial care plan guides care during the assessment process. interRAI assessments are completed within three weeks of admission and at a minimum of six monthly thereafter. Long term care planning details strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Values and beliefs, including religious affiliations are documented. Cultural needs are identified for residents during the assessment process. However, resident's personal goals are not always identified and supports to meet these needs are not always documented. Refer criterion 3.2.3 and 3.2.5.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner and from observations.</p> <p>Management of any specific medical conditions were documented with evidence of systematic monitoring and regular evaluation of responses to planned care. However, not all care plans had been updated as the resident's needs changed, and not all newly identified needs were included in the care planning process. Wound care plans were in place for residents with minor wounds. However, short term care plans were not created for all residents with identified short-term needs such as infections; refer criterion 3.2.5.</p> <p>Progress notes identified evaluation and progress of the residents and interRAI evaluations were completed six monthly. Where</p>
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		<p>progress was different to that expected, or new needs were identified, changes were not always made to the care plan; refer criterion 3.2.5.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals. Nursing and medical review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>Residents are supported to maintain their independence, residents described being independent and care staff encouraging them to complete their own personal cares.</p> <p>The general practitioner interviewed was happy with the standard of care and stated they are called appropriately.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>A diversional therapy profile, activity assessments and diversional therapy plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities.</p> <p>Methven House is a small community facility, and this enables a high degree of involvement in local community activities. This is a strength of the service and is given a continuous improvement</p>

		<p>rating; refer criterion 3.3.2.</p> <p>There were no residents who identify as Māori at the time of audit. Opportunities for Māori and whānau to participate in te ao Māori were discussed and an example related to a past resident was given. The service has not yet identified how they are able to support community initiative that meet the health needs and aspirations of Māori.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs and were observed to be engaged with the activities on offer.</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>	PA Low	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines are stored safely, including those requiring refrigeration and all medicines were stored within the recommended temperature range. However not all medicines were within current used by dates and not all medication was correctly labelled; refer criterion 3.4.1.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur.</p>

		<p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>No residents were self-administrating medication at the time of audit and the registered nurse was able to describe the processes to safely facilitate resident self-administration when required.</p> <p>Residents and their EPOA/whānau, are supported to understand their medications. The registered nurse discussed including whānau in decision making. Partnerships with local Māori providers are yet to be established.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission to the facility and this is updated as their needs change. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook interviewed was aware of the requirements for each resident. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Foods culturally specific to Māori can be provided when requested. Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Residents interviewed were very happy with the food, whānau are able to stay and dine with the resident and this was valued by those interviewed.</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 Methven House is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified.</p> <p>Whānau reported being kept well informed during the transfer of their relative and documentation confirmed EPOA and whānau were kept informed during transfers.</p> <p>The general practitioner interviewed confirmed the level of communication with staff was good.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The Methven House building is over one hundred years old, which presents some challenges around the building layout and amenities and ongoing maintenance. There is one shared bedroom, with the second bed in this room only filled if compatible residents can be found. Residents used shared toilet and shower facilities. Bedrooms all had opening windows, that provided sufficient light and ventilation. Each bedroom had controlled heating. Some rooms are large and have a view of, or open out onto, the garden area, for which a premium rate is charged.</p> <p>Plans are in place to move Methven House to a new location with a building purchased for this purpose. Planning on how the building will be redeveloped to meet the needs of Methven House and the residents is to be undertaken. There is an opportunity for residents and whānau to be consulted and involved in the design of the new building.</p> <p>Appropriate systems are in place to ensure the residents' physical</p>

		<p>environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. This includes current building warrant of fitness, electrical tag testing, servicing of medical equipment, servicing and testing of fire protection equipment and the emergency lighting system.</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. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>A list with requests for repairs or any maintenance needs is maintained, which is signed off when tasks are completed. An efficient triage system is used to ensure urgent work is attended to immediately. A maintenance person is employed to carry out routine maintenance, and coordinates contracted trades people when these services are required. Requests for major works go through to the committee for approval. Members of the Methven House committee do a monthly walkthrough to look at any building or maintenance issues. Staff report that maintenance issues are addressed promptly once raised. Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation scheme has been approved by the New Zealand Fire Service in October 2022.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. This included sufficient food and water supplies, and stocks of personal protective equipment. Methven House has strong links with the local community and</p>

		<p>would be supported by the community in the event of a civil emergency. As part of emergency planning arrangements for alternative essential energy and utility resources are in place, including emergency lighting, gas cooking and access to a generator when required.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. Residents were familiar with the emergency and security arrangements and reported feeling safe and secure at Methven House.</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. 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>	FA	<p>Methven House has a suite of policies to meet the infection prevention (IP) and antimicrobial stewardship (AMS) requirements of the standard, that are appropriate to the size and complexity of the service. However, there is no documented IP Programme in place, which has been approved by the governing body. This requirement has been included under the area of improvement noted for criterion 5.2.2.</p> <p>There are links between infection prevention and the quality improvement system through the clinical indicator reporting that is provided and reviewed quarterly, and the monthly reporting of issues and significant events to the governing body. Expertise and IP advice are sought by using established networks, including medical practices, public health, New Zealand Aged Care Association and gerontologist specialist.</p> <p>An outbreak pandemic prevention plan is documented and has been tested in recent years. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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>PA Low</p>	<p>The assistant manager who is a registered nurse is the infection prevention and control nurse and is responsible for overseeing and implementing the IP programme with reporting lines to the nurse manager and to the Methven House governance committee.</p> <p>The IPC nurse has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the nurse manager has been sought when making decisions around procurement relevant to care delivery, procurement, and policies. There have been no facility changes and policy confirmed IPC advice would be sought should this occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Policies include procedures related to the decontamination and disinfection of reusable devices and shared medical equipment; monitoring of compliance is included in the IP audit schedule. Staff were aware which items were designated single use, and these are not reused. However, Methven House does not have an annual infection prevention programme in place; refer criterion 5.2.2.</p> <p>There is a Pandemic Plan in place which has been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in the use.</p> <p>Staff were aware of the need to work in partnership with Māori to ensure culturally safe practice and an example related to a Māori resident and their whānau were discussed. However, there are no educational resources in te reo Māori available; refer criterion 5.2.12.</p> <p>Staff were familiar with policies through education during</p>
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		orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs, this was confirmed in resident interviews.
<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>An antimicrobial policy is in place, this is appropriate to the size and scope of the service has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing is monitored through the infection surveillance programme and is reported through to governance.</p> <p>The pharmacist interviewed stated that antimicrobials are used appropriately.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control policy. Standardised definitions are used, analysis occurs, and monthly surveillance data is reported to the Methven House committee. However, ethnicity data is not collected. Documentation from a recent COVID-19 outbreak was reviewed and demonstrated a process for monitoring and follow up. Learnings from the event have now been incorporated into practice.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare acquired infection.</p>
Subsection 5.5: Environment	FA	A clean and hygienic environment at Methven House supports the prevention of infection and transmission of anti-microbial resistant

<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>organisms. The IPC coordinator, who is a registered nurse, has oversight of the monitoring of the built environment.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. PPE is available to staff when handling hazardous waste and chemicals. Cleaning and laundry staff interviewed described when this would be used. Laundry and cleaning processes are monitored for effectiveness. Staff involved in cleaning or handling of dirty laundry have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the facility is kept clean and tidy which was confirmed by the results of internal audits of the environment and observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. At the time of audit there were no restraint used and this has been the case for a number of years. This was confirmed in discussions with the NM, support staff, and through auditor observations. The governance committee demonstrates their commitment to Methven House providing a restraint free environment, and the NM and staff are also committed to ensuring it remains a restraint free facility.</p> <p>The NM is the restraint coordinator, and they ensure restraint policies are updated, that staff undertake relevant training and that alternative interventions are instituted for managing any challenging behaviours or situations. A role description is included in the restraint policies and procedures, which meet the requirements of the standards. Staff have received training on the restraint policies and on restraint minimisation. No restraint use is recorded in the review of the quality meetings minutes.</p> <p>There is a clearly documented restraint approval process in place, which would be used if the need arose to use a restraint. Emphasis is on minimising the use of restraint, and the process involves</p>

		<p>consultation with the resident, their general practitioner and their whānau, before any decision is made.</p> <p>Any episode of restraint use would be documented, monitored, and reviewed, and reported through to the governance committee.</p> <p>As Methven House are currently restraint free it is not possible to collect and analyse their restraint data, or to assess the equity of restraint use from a cultural perspective., The manager is aware of these requirements should restraint be required by a resident in the future.</p>
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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 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Moderate	Staff training is being delivered, and spot topics are delivered every second month at staff meetings. There is no clear plan that documents what training will be provided over the year, how the training is recorded, and how this is tracked to ensure all staff have completed their required training.	While training is being provided to staff and this is recorded there is no system in place to identify training requirements and no training plan is available that details the training requirements of staff.	<p>To develop a staff training plan for the year, that details the training requirements of staff, including, mandatory training requirements, spot topics to be delivered at staff meetings, and the required competencies that each staff person is required to have. To also develop a means of recording staff training, so it is clear when staff have completed training, and when they are next due for training.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p>	PA Moderate	Assessment and review processes identify changes to the resident's needs. However, the care plan is not always updated, and short-term care planning is not always put in place to reflect the	Care planning is not always updated to reflect the changing needs of the resident and care interventions to guide care	Ensure care plans are updated or short term care planning is put in place to reflect the resident's current needs and guide care staff.

<p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>resident's current needs. This included:</p> <ul style="list-style-type: none"> One file reviewed using tracer methodology where the resident's care plan did not reflect their changed nutritional and safe swallowing requirements, their current short term medical condition, and did not detail the increased support required for safe transfer and mobility. Two out of five files reviewed where care interventions were not in place for all CAP's triggered in the interRAI assessment process. Three out of five files reviewed where changing needs had not been incorporated into care planning. 	<p>staff when the registered nurse is not present do not always reflect the resident's current needs.</p>	90 days
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to</p>	PA Low	<p>Not all aspects of medication storage met the required standards:</p> <ul style="list-style-type: none"> Not all prescribed medication contained a legible label with the required information including the 	<p>Not all elements of the medication management system as implemented meet the expected standard for storage of</p>	<p>Ensure all medications stored meet the required standard to enable safe administration of medications.</p>

the scope of the service.		<p>resident's name and prescription details. This included an inhaler where the label was absent, and two bottles of eye drops where the label was worn and illegible and the medication name, strength, resident's name, and administration instructions were not identifiable.</p> <ul style="list-style-type: none"> · Individually dispensed and packaged medication for five residents no longer at the facility had been retained with the name crossed out and remained available to be administered to other residents. · Not all medicines were within current use by dates; this included a liquid antacid and half a sheet of anti-emetic tablets not retained in their original pharmacy packaging with no expiry date information available. · Eye drops were not labelled with the date of opening. <p>The above deficits were rectified by the registered nurse on the day of audit and audit will occur to ensure all requirements continue to be met; for this reason, the corrective action is rated low risk.</p>	medications to enable safe administration of medications.	90 days
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme</p>	PA Low	The service has a suite of policies to meet the requirements of the standard. Activities related to infection prevention such as internal audit, education of staff	There is no documented IP programme approved by the governing body in place and annual review	Ensure an IP programme is in place and that this is approved by the governing body and reviewed and reported on annually.

that shall be: (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.		and immunisation occur. However, there is no documented IP Programme which has been approved by the governing body in place and annual reporting has not occurred.	and reporting has not occurred.	180 days
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.3.2 People receiving services shall be supported to access their communities of choice where possible.	CI	<p>Methven House is a small community facility, supported and governed by a committee from the local community. The degree of involvement with the local Methven community is high. Most residents have been a part of the local community for many years and have a strong desire to maintain their links with local events. Residents and whānau interviewed stated they value the connections with the community, and this was their main reason for choosing Methven House.</p> <p>The programme offers social occasions with opportunities for discussion and connection with others outside the facility. Residents confirmed they found the activities and community involvement meaningful and found value in what was available. A family member interviewed stated that due to the residents close knit links with the community most visitors know all the</p>	<p>Methven House has implemented an activities programme that maintains a high level of connection with the local community. The programme is varied and inclusive of all residents allowing them to retain connections with their local community. As examples this includes visits from local school children, attendance at church services, outings and participation in local events.</p> <p>The depth and breadth of community involvement exceeds that required for full achievement of this criterion and a rating of CI is given.</p>

		<p>residents and they spend time interacting with multiple residents when they visit and just their own family member.</p> <p>Residents of the attached assisted living flats may attend the facility for lunch and are supported by the staff and activities programme if they desire. This integration with the facility eases the transition when a person requires admission.</p> <p>Multiple examples of community involvement were given, some are annual events, but many are regular activities that maintain connections for the residents. Examples given included:</p> <ul style="list-style-type: none"> • A remembrance service led by the local Anglican chaplain was held to remember residents who have passed. This included input from the community and family/whānau of past residents. • A church service is held once a fortnight in the facility but those that are able are supported to continue attending their own church in the community. This was valued by the residents interviewed. • A group of volunteers, Friends of Methven House, assist with the daily activities programme. Examples of this group taking the residents out to the local pub for lunch and for Fish and Chip suppers were given. • Students from the local primary school visit weekly with their music teacher to play the piano in the resident lounge. • Resident trips to local attractions such as the museum, library, and local hot pools occur. • A BBQ lunch held at Christmas was a community 	
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		<p>event involving residents and whānau as well as staff and the Friends of Methven House.</p> <ul style="list-style-type: none"> • The residents are supported to follow the Methven Scarecrow trail, a once-a-year community event involving travel around the community to view the scarecrows and identify the theme for each. • Whānau may stay and dine with residents in the facility. Residents interviewed stated that it is important to them to be able to offer food and drink to visitors and they valued being able to do so. Whānau interviewed stated they are always welcomed, offered a drink, and feel a part of the Methven House community. 	
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End of the report.