

Presbyterian Support Central - Chalmers Elderly 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Presbyterian Support Central

Premises audited: Chalmers Elderly Care

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 29 March 2023 End date: 30 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: 52

Executive summary of the audit




Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Presbyterian Support Central Chalmers Home provides hospital (geriatric and medical), and rest home level of care for up to 80 residents. There were 52 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with the Te Whatu Ora Health New Zealand - Taranaki. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a nurse practitioner.

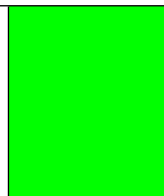
The manager is appropriately qualified and experienced and is supported by a clinical nurse manager and clinical coordinator (registered nurses). There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.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

This certification audit identified an area of improvement related to registered nurse staffing.

The service has achieved continuous improvement ratings in the areas of medication management and infection control.

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.



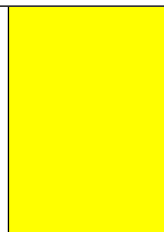
Subsections applicable to this service fully attained.

Presbyterian Support Chalmers provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Services and support to people is provided in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are well documented and actively managed.

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 low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as required.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses, and healthcare assistants responsible for administration of medicines complete annual education and medication competencies.

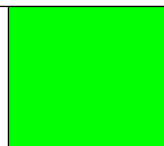
The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner. The recreation team leader and recreation coordinator provide and implement an interesting and varied activity programme which includes resident-initiated activities in line with the Eden philosophy. The programme includes outings, entertainment and meaningful activities as detailed in the individual activity plans created for each resident.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

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



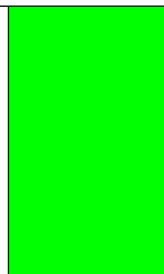
Subsections applicable to this service fully attained.

The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. All bedrooms apart from one are single occupancy, with a large number having ensuites or shared ensuite facilities. There are sufficient communal facilities for those who do not have ensuites. There is enough space to allow the movement of residents around the facility using mobility aids. There are several lounge and dining areas throughout the facility. The internal areas are well ventilated and heated. The outdoor areas are safe and easily accessible.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is always at least one staff member trained in CPR and first aid is on duty.

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

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



Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There was one Covid-19 outbreak in 2022.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these 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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The restraint coordinator is the clinical nurse manager (registered nurse). There are no restraints currently in use at PSC Chalmers. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	2	166	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>	<p>FA</p>	<p>The Māori Health Plan acknowledges the Te Tiriti o Waitangi as a founding document for New Zealand. The service does not currently have residents who identify as Māori.</p> <p>As part of staff training, PSC incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Whā Māori Model of Health and wellbeing and the Eden Alternative principles and domains of wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted within all care and communication with residents. Elements of this are woven through the training programme as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>PSC has appointed a cultural advisor (based in Whanganui), who is available to all facilities to support the organisations cultural journey. Specialist advice is sought, when necessary, from Mana Ariki Marae and Te Whatu Ora Health New Zealand- Taranaki.</p> <p>The service supports increasing Māori capacity by employing Māori</p>

		<p>staff members when positions are available. At the time of the audit there were no Māori staff members. Fifteen staff interviewed (two registered nurses (RN), one clinical coordinator, five health care assistants (HCA), one recreation team leader, one recreational officer, one team leader for laundry and cleaning, one kitchen team leader, two kitchen hands and one maintenance person), stated that they are supported in a culturally safe way and staff are encouraged to use both te reo and relevant tikanga in their interactions with the residents as detailed in the Māori health plan and tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. All staff interviewed described how care is based on the resident's individual values and beliefs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p> <p>The Enliven Cultural Advisory Group (CAG) was established in 2018 with the goal of improving the environment, policies and practices to better support Māori health and wellbeing. The group is committed in involving whānau, Māori staff and elders in the co-creation of policies and resources.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Presbyterian Support Central recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific peoples. There is a comprehensive Pacific Health plan documented as part of the Cultural Appropriate service policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in several different languages including Pasifika languages.</p> <p>On the day of audit there were no Pasifika residents at Chalmers Home. For any who do enter, ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the electronic resident management system. Whānau are encouraged to be present during the admission process and the service welcomes input from the</p>

		<p>resident and whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The clinical manager described how they encourage and support any staff that identifies as Pasifika beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with six residents (five rest home and one hospital resident), and five relatives (four rest home and one hospital), identified that the service places people, whānau, and the New Plymouth community at the heart of their services. The home manager and the clinical nurse manager both stated that they consult with Pacific Island staff to access community links and continues to provide equitable employment opportunities for the Pasifika community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The clinical nurse manager, or clinical coordinator discusses aspects of the Code with residents and whānau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There is an independent resident advocate who attends the monthly resident meetings and their contact details available to residents and whānau. There are links to spiritual support and links with a Māori aged care health facility and a local marae.</p>

		<p>Interdenominational church services are available in the facility.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The care home manager confirmed that the Māori Health Strategy is the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledge within the strategic plan to ensure and promote independent Māori decision-making.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants (HCA) and registered nurses (RN) interviewed described how they support residents to make informed independent choices. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family satisfaction surveys completed in 2022 confirmed that residents and families feel they are treated with respect.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Intimate relationships are between residents are respected, as evidenced in interviews with staff, with an example given of a married couple residing in the rest home.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's</p>

		<p>involvement and is integrated into the residents' care plans. Spiritual needs are identified and supported. A spirituality policy is in place.</p> <p>The PSC Chalmers annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Comprehensive cultural awareness training is provided biennially and covers Te Tiriti o Waitangi, Māori world view (te ao Māori) and tikanga Māori.</p> <p>Te reo Māori is integrated into everyday life at PSC Chalmers and HCAs interviewed advising that those who do speak te reo assist those who do not. The service has signage in te reo and the monthly activities planner include month names in te reo. A Pae Ora intranet site is available for staff to use as a resource. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo me onā tikanga Māori more visible within the organisation. Staff are supported with te reo pronunciation.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. 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>FA</p>	<p>An abuse and neglect policy is being implemented. Policies describe prevention any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A PSC code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they follow the PSC code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and health care assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional</p>

		<p>boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to ensure wellbeing outcomes for Māori residents. There are short- and long-term objectives in the PSC cultural safety and Treaty of Waitangi expectation policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities.</p> <p>Residents have enduring power of attorney for finance and welfare documented in their files (viewed). Residents have property documented and signed for on entry to the service. Residents and family have written information on residents' possessions and accountability management of residents' possessions within the residents signed service level agreement.</p> <p>Resident centred policies and the Māori Health Plan describe Te Whare Tapa Whā which is recognised and implemented in the workplace as part of staff wellbeing with the aim to improve outcomes for Māori staff and Māori residents.</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>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an incident. This is also documented in the progress notes. The accident/incident forms reviewed identified relatives are kept informed, and this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all residents could speak and understand English. Health care assistants and registered nurses interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate should the need arise.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora -Taranaki specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents and relatives/whānau provide consent and are communicated with in regard to services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if 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>There are policies around informed consent. The resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The home manager maintains a record of all</p>

<p>am taken seriously and receive a timely response. 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. 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>complaints, both verbal and written, in a complaint register. There have been three internal complaints in 2022 and no complaints in 2023. There have been no complaints from external agencies. The home manager could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the clinical focus meetings and staff meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are usually held monthly (resident advocate attends). Residents or relatives/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family stated they felt comfortable to raise issues of concern with management at any time.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Chalmers Elderly Care is owned and operated by the Presbyterian Support Central organisation. The service provides rest home and hospital (medical and geriatric) level care for up to 80 residents. There are ten dual-purpose beds. On the day of the audit there was a total of 52 residents. There were 49 rest home residents (including one ACC and two respite care), and three hospital level care. All other rest home residents were under the ARRC contract. The facility has been closed to hospital admissions since December 2021. Te Whatu Ora - Taranaki are aware of the closure to hospital admissions due to RN shortages. In agreement with Te Whatu Ora -Taranaki PSC Chalmers submits a section 31 monthly to report on RN shortages. The hospital wing has been empty since the closure to hospital admissions and three hospital residents are cared for in dual – purpose beds in the</p>

		<p>rest home wing.</p> <p>PSC Chalmers has an overarching strategic plan (2020-2025) is in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative which aims to promote positive ageing. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The business plan for (2023) includes a mission statement and operational objectives with site specific goals. The home manager reports to the business operations manager, general manager (GM) Enliven and clinical director.</p> <p>PSC has a board of eight directors which includes Pasifika representation. The board is currently recruiting for Māori representation. PSC governance framework is documented in their Trust Charter. Each member of the board has their own expertise, and some are appointed by the Presbyterian church. PSC is managed by a general manager who reports to the board of directors. The board receive a directors' report monthly from the general manager and the clinical director. Three nurse consultants support the clinical director.</p> <p>The home manager confirmed the strategic plan aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is a Māori consultant to the board that provides advice to the board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>The board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. They complete Mauri Ora, Pepeha, Karakia at orientation. A PSC Enliven Wai Ora learning package and Whānau Ora Te Reo education and dictionary is available on the intranet for any staff to access, which the Board have completed in addition to an online seminar on Older Māori in residential care.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, clinical focussed (quality) meetings and quality action forms that are completed for any quality</p>
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		<p>improvements/initiatives during the year.</p> <p>The home manager (who has been an RN), has managed PSC Chalmers for one year. Prior to this they worked in health and aged care management roles for many years. The home manager is supported by a clinical nurse manager who has been in the role for three years.</p> <p>The home manager and the clinical manager have completed more than eight hours of training related to managing an aged care facility and they attend twice-yearly PSC RN/ manager specific training.</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>PSC Chalmers has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The home manager described available reports which are available to review ethnicity data that can be generated for this purpose.</p> <p>Policies and procedures and associated implementation systems provide a level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and are updated to meet Ngā Paerewa Health and Disability Services standards. New policies or changes to policy are communicated to staff.</p> <p>Monthly senior team meetings, monthly clinical meetings and monthly staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on notice boards, located in the staff room and nurses' stations. Corrective actions are discussed at staff/quality meetings to</p>

		<p>ensure any outstanding matters are addressed with sign-off when completed. the service has been awarded a continuous improvement for the identification and reduction of polypharmacy.</p> <p>Quality initiatives for 2023 include maintaining a restraint free environment, completion of Oranga kaumātua wellness maps for all residents, focus upon accessibility for Māori and capability in support of Pasifika elders.</p> <p>The 2022 resident and family satisfaction surveys indicate that both residents and family have reported satisfaction with the care provided. Corrective actions were implemented including processes on call bells and activities. Results were shared with residents and families in the monthly residents meeting chaired by the independent resident advocate.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. Health and safety is a part of all staff and senior management meetings with a focus on health and safety three monthly as part of the senior team/quality meeting. The health and safety representative is the home manager who has completed external health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date, hazard register had been reviewed annually (sighted). Health and safety policies are implemented and monitored by the health and safety committee at board level.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety is discussed in staff meetings. Staff well-being programmes include offering employees the employee assistance programme.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Management and senior staff are encouraged to complete cultural Mauri Ora competency training to ensure a high-quality service is provided for Māori. Work is also being</p>
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		<p>implemented by the PSC board to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available if required. Strategies implemented to reduce the frequency of falls include the use of sensor mats, regular resident checks, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses and clinical coordinator evaluate interventions for individual residents. Residents are encouraged to attend exercises as part of the activities programme.</p> <p>Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally with the other PSC homes and externally with other aged residential care groups. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Neurological observations were recorded as per policy. Relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical nurse manager who reviews every adverse event.</p> <p>Discussions with the home manager and the clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around an absconding resident, unstageable pressure injuries and monthly Section 31's since December 2021 regarding registered nurse shortages. There has been one outbreak of Covid-19 since the previous audit, which was reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering and safe staffing ratios. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable.</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The home manager and clinical nurse manager work full-time. On-call clinical cover is shared between the clinical nurse manager and the clinical coordinator. The home manager covers non-clinical on-call. Occupancy at the time of the audit was 52 residents (49 rest home level and three hospital level).</p> <p>The care home had four RNs resign at the same time at the end of 2021. Te Whatu Ora- Taranaki were informed. PSC Chalmers with support from PSC head office closed the facility to hospital admissions at that time and in January 2022, moved high acuity hospital residents to other aged care facilities. The Te Whatu Ora- Taranaki portfolio manager was kept informed as this process occurred. Three low acuity hospital residents stayed and were transferred into the dual-purpose beds in the rest home wing. The facility remained open to rest home admissions. The hospital wing was closed. This has remained the case since January 2022 to present. Monthly section 31 notifications are sent to inform regarding the RN shortage and the Te Whatu Ora- Taranaki portfolio manager is kept informed. The facility continues to endeavour to recruit RNs and has three RN vacancies to fill before they open for hospital admissions again. Currently there are some shifts not covered by an RN; however, they are covered by senior HCAs who are first aid certified. The clinical nurse manager and the clinical coordinator use an internal virtual nurse call system when there is no RN on shift and the clinical nurse manager lives nearby and attends when required, on call. There are dedicated laundry staff and there are cleaning staff who are available every day.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Enliven essentials and clinical topics), which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an</p>
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		<p>electronic register.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There is a total of 29 health care assistants, seven have completed their level four NZQA, 17 have completed their level three NZQA, three have completed their level two NZQA and two have completed level one NZQA.</p> <p>Additional RN specific competencies include (but are not limited to); syringe drivers and interRAI assessment competency. There are six RNs (including the clinical manager and clinical coordinator). Five RNs are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible. The PSC intranet has extensive resources relating to Māori health equity data and statistics available to staff. The service implements an environment that encourages collecting and sharing of high-quality Māori health information.</p> <p>Staff attended annual cultural awareness training that includes provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The home manager confirmed PSC invests in the development of organisational and staff health equity expertise through extensive training and the availability of educational resources. Staff are being encouraged to complete the online Mauri ora training that includes a competency assessment.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Local Employee Assistance Programme (EAP) are available to staff that support staff.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored electronically. Eight staff files reviewed (two RNs, three HCAs, the clinical coordinator, one recreation team leader, and</p>

<p>people in adequate numbers meet my needs. 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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>the laundry /cleaning team leader), evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during on boarding to the service. Job descriptions reflect the expected positive behaviours and values., responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable,</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The manager and clinical nurse manager (registered nurse) screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>There are policies and procedures documented to guide management around admission and declining processes including required documentation. The manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, capturing ethnicity, which is shared with head office,</p> <p>The service receives referrals from the NASC service, Te Whatu Ora Taranaki and directly from whānau.</p> <p>The service has an information pack relating to the services provided at the Chalmers facility and the Enliven philosophy which is available for families/whānau prior to admission or on entry to the service.</p> <p>Admission agreements reviewed were signed and aligned with</p>

		<p>contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and whānau-centred approach to services provided. Interviews with residents and family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were no residents and staff who identified as Māori; however, the service currently engages with local Māori community organisations and marae in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau should they enter the service.</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>Eight resident files were reviewed (five rest home – including one ACC respite, and three hospital level of care). The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact forms. The service has a process for supporting Māori and whānau to identify their own pae ora outcomes in their care or support plan should they enter the service. The service implements the Eden Alternative 10 core principles and 7 domains of wellbeing, with the aim of creating a community where the residents have companionship, variety, fun, a sense of belonging, meaningful activity, and purpose. The resident care plan and integrated records evidence the implementation of this philosophy.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. Risk assessments are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of these assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days for long-</p>

	<p>term residents and first interRAI assessments had been completed within the required timescales for all residents excluding the short-term ACC respite resident who had an initial support plan in place. Evaluations were completed six monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six monthly.</p> <p>All residents had been assessed by the nurse practitioner (NP) within five working days of admission. The NP service visits routinely once weekly and provides out of hours cover. The NP (interviewed) commented positively on the exceptional care, reduction in hospital admissions and polypharmacy during their association with the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service contracts with a physiotherapist who attends one day per week, and a podiatrist visits every six to eight weeks. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora- Taranaki.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by HCAs and the registered nurses. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with the NP. Family stated they were notified of all changes to health including infections, accident/incidents, NP visit, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>There were current wounds including skin tears, lesions, and three pressure injuries (one stage 1, and two suspected deep tissue</p>
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		<p>injuries). The pressure injuries pertained to one resident who has multiple comorbidities and active hospice involvement. All wounds reviewed had comprehensive wound assessments including photographs to show healing progress. An electronic wound register and wound management plans are available for use as required. There is documented input from the Te Whatu Ora- Taranaki wound nurse specialist. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The NP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The NP records their medical notes in the integrated electronic resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs a recreation team leader (diversional therapist), and two recreation officers who lead and facilitates the activity programme seven days per week. A weekly activities calendar is posted on the noticeboards and whiteboards throughout the facility. The activity team are supported by a few volunteers, and the local Māori cultural team at the Western Institute of Technology (WITT) facilitates involvement in community initiatives that meet the health needs and aspirations of Māori and whānau.</p> <p>Group activities are provided in the communal areas, a dedicated activities lounge, in seating areas and outdoors in the gardens when</p>

		<p>weather permits. Group activities are varied to meet the needs of both higher functioning residents and those that require more assistance. Individual activities are provided in resident's rooms or wherever applicable. On the days of the audit, residents were observed being involved with a variety of activities, including the care of the facility's kittens. The group activities programme is developed monthly and published weekly.</p> <p>The recreation team leader interviews each newly admitted resident on or soon after admission and takes a social history. This information is then used to develop an activities plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation process.</p> <p>A record is kept of individual resident's activities and monthly progress notes completed. The resident and family/EPOA (as appropriate) is involved in the development of the activity plan. There is a wide range of activities offered that reflect the residents' needs. Participation in all activities is voluntary.</p> <p>There is a members' only Facebook page to facilitate communication between residents and staff and includes photographs of residents engaged in activities where permission has been given for these to be published. Verbal consent is gained from residents or EPOA and this is included in the general consents.</p> <p>Themed days such as Matariki, Waitangi, Anzac Day and the Queen's jubilee are celebrated with appropriate resources available. Cultural themed activities are integrated into the activities programme and include hymns and quizzes utilising te reo Māori. Staff and residents are encouraged to use te reo and the facility has everyday Māori words and their meanings prominently displayed in resident areas. Crafts related to the Māori culture were evident on the days of audit, and included a moving waka made by the residents and activities team which symbolised their shared journey and experiences.</p> <p>Families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
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<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>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (registered nurses, and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the three medication trolleys and medication room. The medication fridge and medication room temperatures are monitored weekly, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the NP.</p> <p>Sixteen electronic medication charts were reviewed. Those medication charts identified that the NP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. No standing orders were in use and no vaccines are kept on site. There was one resident self-administering medicines at the time of audit, with appropriate processes, approval, and safe storage in place.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with past and can work with any future Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>All meals and baking are prepared on site under the supervision of</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>kitchen team leader (qualified chef). Meals are prepared in the main kitchen and transported to the kitchenettes in each wing in heated scan boxes. The food is then transferred into bain-maries in each area where HCAs serve the residents.</p> <p>There is a food services manual in place to guide staff and a current food control plan expiring 23 January 2024.</p> <p>A resident nutritional profile is developed for each resident on admission and is provided to the kitchen by the registered nurses. The kitchen can meet the needs of residents who require special diets. Kitchen staff have completed food safety and chemical safety training. The cook follows a five-week seasonal rotating menu, which has been reviewed by the contracted company’s dietitian. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents are included in the menu. Families are encouraged and supported to provide cultural dishes where required or requested. The kitchen team leader provides dishes related to the activities theme days particularly during cultural theme months and celebrations.</p> <p>The kitchen team leader (interviewed) was able to describe alternative meals offered for residents with dislikes and food is fortified for residents with weight loss. The kitchen is well equipped, and temperatures of refrigerators, freezers and cooked foods are monitored and recorded and are all within safe limits. There is special equipment available for residents if required.</p> <p>All food is stored appropriately. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing. Residents and the family members interviewed were happy with the quality and variety of food served.</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>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were</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>		<p>involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or 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 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>FA</p>	<p>The building holds a current building warrant of fitness (expires 18 October 2023). The maintenance person works 2 hours a week plus on-call after hours. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging and calibration of equipment, call bell checks, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in September 2023.</p> <p>Contractors are utilised to maintain the gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All outdoor areas have seating and shade. There is safe access to all communal.</p> <p>Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>There are a mix of rooms with ensuites and shared communal toilet/bathrooms. There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. All bedrooms have hand basins. Residents interviewed noted their privacy is assured when staff are undertaking personal cares. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean.</p> <p>All rooms are single occupancy apart from one shared by a husband</p>

		<p>and wife. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit.</p> <p>There is a large central dining room for the rest home residents. There are several lounge areas, sitting rooms and library nooks throughout the facility. There is a main garden lounge, with access to a central courtyard with aviary and water feature. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating.</p> <p>The service has no current plans to undertake new building construction; however, PSC has a centralised process which engages Māori representatives in focus groups to ensure that consideration of how design and environment reflect the aspirations and identity of Māori should any construction occur in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill occurs six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place 8 February 2023. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. A contracted service provides checking of all facility equipment including fire equipment. The facility is well prepared for civil emergencies and has civil defence kits (readily accessible) that are checked monthly. There are adequate supplies in the event of a civil defence emergency including food, water (10,000 litre water tank), blankets, torches, batteries, and radio.</p> <p>There are two backup generators on site and a barbeque and gas bottles for alternative cooking source. Emergency lighting is checked.</p>

		<p>The staff interviewed were able to describe the emergency plan and how to implement this. Fire training and security situations are part of orientation of new staff. A minimum of one person trained in first aid is on site at all times. There are call bells in the residents' rooms and lounge/dining areas. Residents were observed to have their call bells in close proximity.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally.</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 clinical coordinator is the infection control coordinator, and they oversee infection control and prevention across the service with support from the clinical nurse manager. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually at head office by the clinical nurse consultants and IPC committees and infection control audits are conducted. Infection matters and infection rates are presented at monthly staff meetings and discussed at quality meetings. Infection control data is also reviewed by the nurse consultants and benchmarked against other PSC central facilities and externally with other aged care groups. Infection control is part of the strategic and quality plans. The governing body receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and AMS on a monthly basis including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora Taranaki. Visitors and contractors to wear mask at all times when in the facility.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations.</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 infection control coordinator is the clinical coordinator who has been in the role for the two years and is supported by the clinical nurse manager. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is a current outbreak management plan in place.</p> <p>The infection control coordinator has completed external infection control training in addition to PSC annual peer support training. There is good external support from the GP, laboratory, and the PSC nurse consultants. There are outbreak kits readily available and a personal protective equipment (PPE) cupboard and storeroom. There are supplies of extra PPE equipment as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the PSC nurse consultants in consultation with infection control nurses. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. Single use items are disposed of once used. All shared equipment is appropriately disinfected between use. The service's infection prevention and control policies acknowledge the importance of te reo Māori information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. The infection control coordinator has input into the procurement of medical supplies. Infection control input into any new buildings or significant changes occurs at national level and would involve the central office clinical team.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and</p>

		<p>control is part of staff orientation and included in the annual training plan. There has been additional training and education around infection control and Covid-19 and staff were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</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>	<p>FA</p>	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and clinical focus group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. There has been a reduction in infections since January 2022 and a reduction in antimicrobial use in the facility. This has resulted in a rating of continuous improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually.</p> <p>Infection control surveillance is discussed at staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal benchmarking is completed by the clinical nurse manager and quarterly external benchmarking is completed by the clinical director. Meeting minutes and graphs are displayed for staff. Action plans are required for any</p>

		<p>infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement when required. The service receives information from Te Whatu Ora Taranaki for any community infection control concerns.</p> <p>There has been one Covid outbreak in 2022 which was well managed. Staff, residents, and relatives were well informed.</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>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site. The laundry has a clean/dirty flow with defined areas and the laundry is operational seven days a week. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry and cleaning team leader interviewed was knowledgeable around the systems and 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</p>	FA	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint use was being considered.</p> <p>The designated restraint coordinator is the clinical nurse manager. At</p>

<p>restraint in the context of aiming for elimination.</p>		<p>the time of the audit, the facility was restraint-free. The use of restraint (if any) would be reported in the clinical, staff and quality meetings and included in reports to the Board. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service currently has three low acuity hospital level residents. As per the ARRC contract, an aged care facility providing hospital level care is required to always have at least one RN on duty. The service on occasion has been unable to provide a RN on site at all times on at least one shift a week. It is noted that the service has worked to reduce this risk by the clinical manager and clinical coordinator being on call 24/7. The service also has senior healthcare assistants with medication competencies and current first aid certificates on shifts not covered by an RN.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit related to this shortage should be read in the context of this national issue.</p>	<p>The service does not have sufficient RNs on duty to provide 24-hour cover to meet the requirements of the ARRC contract D.17.4A. i-e.</p>	<p>Ensure there is sufficient RN on duty to cover a 24-hour period</p> <p>90 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, these 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
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The service aimed to reduce polypharmacy (above ten medications) at PSC Chalmers in one year from April 2021 to April 2022 from 44.6% to 31% and then to maintain the improvement.</p>	<p>A team of: PSC Chalmers clinical staff, consumer advisors (a focus group of residents), a Māori advisor, the GP and a clinical nurse specialist from Te Whatu Ora Taranaki worked together on the project. The project methodology was based on the plan, do, study, act (PDSA), framework. A PDSA cycle was to be applied at each six weekly project meeting.</p> <p>Phase one (PDSA cycle one), first three residents were reviewed. The project group discussed anomalies, issues, and duplications within the electronic medication management system Medimap. Anomalies were identified by clinical staff and reported to the PSC clinical director and Medimap was contacted to make changes. This action reduced polypharmacy by 13%.</p> <p>Phase two (PDSA cycle two), initiated intentional reviews of all residents' medications on admission with the intent to reduce polypharmacy. Also, the next three residents were reviewed, and the first three residents were evaluated to</p>

			<p>ensure no morbidity occurred from the changes made. The evaluation of the first three residents was that the medication changes had been successful and there were no issues noted. Ethnicity data measurement was added to the project. There were 1% Māori residents in the project. The resident focus group codesigned with the clinical staff a questionnaire to capture qualitative as well as quantitative clinical data to help evaluate the residents' quality of life before and after their medication review and the reduction of polypharmacy occurred. Initial quality of life questionnaires showed positive narrative from residents following the medication changes.</p> <p>Phase three (PDSA cycle three), commenced intentional review of medications at three monthly periods for all residents. The next three residents' medications were also reviewed and the previous six residents who had medication changes in phases one and two were evaluated. The project team continued to use the phase two methodology. All residents with routine three monthly reviews also were reviewed for polypharmacy. Resident questionnaires noted positive feedback as residents felt they were playing a greater part in their own decision making and that their opinions were important and being heard. Residents thanked the GP in the surveys and family members noted their family member was more alert and appeared more well since the medication review.</p> <p>Phase four (PDSA cycle four), the next three residents' medications were reviewed and the previous nine residents who had medication changes in phases one, two and three were evaluated. The process continued for all residents with routine three monthly reviews also being reviewed for polypharmacy. The project group discussed with the GP, targeting specific medications. The GP discussed with Te Whatu Ora Taranaki the use of statins for the over 80-year group. The GP also worked on the reduction of antipsychotics. The clinical evaluation measured that no morbidity was caused by the changes and residents continued to give positive feedback.</p>
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			<p>Summary, the Phase four cycle continued until all residents' medication had been reviewed for polypharmacy. The project was then rolled out following final evaluation. The GP continued to review all new admissions medication and reduce polypharmacy. The facility now has a nurse practitioner who has adopted the principle of the project and remains supportive in reducing polypharmacy. The clinical team continues to support the roll out. The results at final evaluation exceeded expectations with 11% polypharmacy, a reduction of over 30% since August 2021. PSC head office were informed of the results of the project. The evaluation was also discussed at residents' meetings and at staff meetings. There is continued reduction occurring. A new target of 0% polypharmacy by August 2022 has been set. Residents and staff reported improvements – resident improved quality of life and staff reported seeing improvements in resident alertness levels and quality of life.</p>
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	CI	<p>A PSC Chalmers project on decreasing the use of antimicrobial commenced in January 2022. The project aimed to critically review the use of antimicrobials, reduce use and by doing so improve the quality of life of the residents.</p>	<p>In 2021 PSC Chalmers infection control data identified high infection rates during quarters one and two (July-December 2021) both in hospital and rest home level of care. In quarter three (January 2022): the facility closed to hospital admissions due to RN shortages. After re-homing, most hospital residents due to RN shortages, the facility concentrated on reducing the infection rates in the remaining residents (mainly rest home residents).</p> <p>The infection control coordinator, management team and the nurse practitioner planned a reduction of antimicrobial usage project that commenced in January 2022. The plan was to increase infection control awareness with staff and residents and to deliver a robust education and competency programme on infection control that commenced immediately. The plan was implemented and by the end of March 2022 a 33% decline in infections was achieved.</p> <p>In Quarter four (April to June 2022), infection rates increased due to a Covid-19 outbreak. Data determined that 80% of</p>

			<p>infections were Covid -19 related and 20% was from all other types of infection combined. Covid-19 outbreak management was put into action. Five of 46 residents with Covid-19 were treated with antiviral medication while the others recovered without any treatment. All other types of infection showed a 28% decline.</p> <p>In Quarter one (July – September 2022), the project continued in close liaison with the Nurse Practitioner. For residents who had recurrent urinary tract infections (UTIs), resident and their family/EPOA were informed of the proposed non pharmacologic management plan and were involved in decision making process. Additional staff education related to infection control and antimicrobial use was given. A further 24% decline on infection rate was achieved.</p> <p>In Quarter two (October to December 2022), the total infection rate dropped by 10%. However, a slight 2% increase in UTIs was noted. Extra fluid rounds were introduced with warmer weather approaching as part of non-pharmacological interventions in prevention of UTI. Further education on infection control occurred for staff.</p> <p>In Quarter three (January to March 2023), the facility had two Covid-19 cases. Both residents initially tested positive and was immediately put into isolation. Both remained asymptomatic and tested negative the following day. This may have been a false positive result as per discussion with the portfolio manager at Te Whatu Ora Taranaki; however, they were treated as positive cases and correct interventions were maintained. The PSC policy on continence management which includes the revised algorithm regarding assessment and management of UTI was updated. The policy changes and implementation were discussed at staff meetings and a hard copy provided for staff to read. A 10% drop in UTI cases was noted.</p> <p>Evaluation of the project: there was an overall, reduction of 76% in infection rates since the project commenced in January 2022 and ongoing lower infection rates achieved</p>
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			and maintained in the last six months. The exposure for residents to treatment that that can cause serious side effects such as organ failure and prolonged recovery has been reduced. As a consequence of the project resident hospital admissions were reduced.
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End of the report.