

Anglican-Methodist South Canterbury Glenwood Home Trust Board - Glenwood Home

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:	Anglican-Methodist South Canterbury Glenwood Home Trust Board
Premises audited:	Glenwood Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 April 2023 End date: 28 April 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:	44



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

Glenwood Home (Glenwood) is owned and operated by the Anglican-Methodist South Canterbury Glenwood Home Trust Board. The service provides hospital (geriatric and medical) and rest home level care for up to 45 residents and on the day of audit there were 44 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand South Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff, and the general practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical nurse manager. There are quality systems and processes implemented.

There is a stable team of skilled registered nurses, experienced healthcare assistants and non-clinical staff who support the management team. Feedback from residents and families were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

This certification audit identified the service meets the intent of the standard. The service exceeded the standard around quality by improving medication administration by reducing errors.

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.

Glenwood Home provides an environment that supports resident rights and safe care. They embrace Māori culture, beliefs, traditions and te reo Māori. Staff demonstrated an understanding of residents' rights and obligations. The service works to provide high-quality and effective services and care for all its residents. There is a Māori and Pacific health plan in place. A contracted Kaumatua supports and advocates for Māori and Pasifika residents, management and staff.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement, values, and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems are in place to meet the needs of residents and

staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of data were all documented as taking place as scheduled, with a robust corrective action process implemented where applicable. Health and safety processes are in place led by a health and safety committee. Health and safety is a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy. Safe staffing levels are provided. Human resources are managed in accordance with good employment practice. An 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 and staff 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 registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

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.

The diversional therapist implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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.
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All rooms are single occupancy, have ensuite and are personalised. Communal areas are accessible by residents with safe access to the outdoors, seating, and shade. Fixtures, fittings and flooring are appropriate.

Staff have planned and implemented strategies for emergency management including Covid-19. Systems and supplies are in place for essential, emergency and security services. There is a building warrant of fitness which expires in June 2023.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control programme is implemented to meet the needs of the organisation and provides information and resources to inform the service providers. Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. 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.

Visitors wear masks when they visit as part of the service's Covid-19 management. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There has been one Covid-19 outbreak which was appropriately reported and effectively managed.

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. Further to this 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.

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. Chemicals are stored securely throughout the facility.

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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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has been restraint free for over 6 years. It would be considered as a last resort only after all other options were explored.

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	27	0	0	0	0	0
Criteria	1	168	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan has been written by an external contractor with input from a Māori advisor and is written in te reo Māori and in English. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. A contracted Kaumātua supports residents, family/whānau and staff to embed the principles of partnership, protection and participation. The service had residents who identified as Māori at the time of the audit.</p> <p>Glenwood Home has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/ whānau. Evidence is documented in the resident care plans and observed in practice. A cultural assessment is utilised to inform the care plan.</p> <p>The Māori Health and wellbeing policy states the organisation is committed to ensuring that the day to day needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi.</p>

		<p>The general manager stated that they are employing more Māori staff members when they apply for work opportunities. The Kaumātua is advised of staff vacancies and promotes recruitment of Māori staff through Arowhenua Marae and other multicultural organisations. Te reo Māori is included in all new position advertisements. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed confirm they feel supported by the organisation and the organisation's commitment to Māori.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. The managers (general manager, and clinical manager) and nine care staff interviewed (six healthcare assistants (HCAs) who work across the am and pm shifts, two registered nurses (RNs), and one diversional therapist (DT)) described how care is based on the resident's individual values and beliefs.</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>	<p>FA</p>	<p>There is a Pacific people health and wellbeing policy that follows the guidance provided in Ola Manuia: Health and Wellbeing Action Plan 2020-2025. The contracted Kaumātua provides support for the local Pasifika community and is affiliated to local Pasifika organisations. The Kaumātua can liaise and provide a pathway for family/whānau to contact other members of the Pasifika community to provide support for residents.</p> <p>On admission all residents state their ethnicity. There were no residents that identify as Pasifika. The resident's whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Six residents (one rest home and five hospital) interviewed, and four family/whānau (one rest home, three hospital), confirm that individual cultural beliefs and values are respected.</p> <p>Glenwood Home partners with Pasifika organisations (Tongan, Samoan, and multicultural Aoraki encompassing all Pasifika) to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pasifika. Code of Rights are accessible in the range of Pasifika languages.</p>

		<p>The service is actively recruiting new staff. There are currently no staff employed that identify as Pasifika. The general manager described how the equitable employment process ensured Pasifika staff who did apply would be welcomed to increase the capacity and capability of the Pasifika workforce.</p> <p>Interviews with managers and fourteen staff (nine care staff, one maintenance, one kaumātua, one cook, one laundry assistant and one cleaner) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</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>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The general manager, clinical nurse manager and/or registered nurse discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings and annual family/whānau meetings. Residents and family interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Church services are held regularly. The service recognises Māori mana motuhake and this is reflected in the Glenwood Home Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services.</p>

		Advocacy services are linked to the complaints process.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>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. It was observed that residents are treated with dignity and respect.</p> <p>The Glenwood annual staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. Satisfaction surveys completed in 2022 confirmed that residents and families/ whānau are treated with respect. This was also confirmed during interviews with residents and families. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility.</p> <p>Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. One younger person with a disability (YPD) has input in their own routine and their identity. Residents' gender and sexuality are respected.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is</p>

		<p>available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Staff cultural competencies include assessing their understanding of te reo Māori. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Glenwood Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace.</p> <p>Staff handbook and house rules are discussed during the employee's induction to the service with evidence of staff signing the house rules document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. The good employer policy acknowledges institutional racism and seeks to abolish it through education and training.</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>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā 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.</p> <p>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 include a section to indicate if next of kin have been informed (or not) of an accident/incident. Eighteen accident/incident forms reviewed identified family/whānau are kept informed following consent by the resident (if able). This was confirmed during interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</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 - South Canterbury specialist services. The delivery of care involves a multidisciplinary team approach and residents and relatives/whānau provide consent and are communicated with regarding services involved. The clinical 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>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through emails, regular newsletters and resident meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>There are policies around informed consent. Residents and relatives</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>interviewed could describe what informed consent was and their rights around choice. There is an advance directive and shared goals of care process implemented. The policy includes reference to the End-of-Life Choice Act policy. Seven resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA).</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were available on residents' files.</p> <p>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. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, in a complaint register. This register is held in hard copy and electronically.</p> <p>Complaints received since the last audit include seven in 2021, two in 2022 and one year to date for 2023. One complaint in 2022 involved advocacy services and a satisfactory resolution. Documentation including follow-up letters and resolution demonstrates that all complaints were managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Complaints include an investigation, follow up, and replies to the complainant. Staff are informed of any complaint received (and any subsequent corrective actions) in the clinical and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaints</p>

		<p>forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Management attend the resident meetings two-monthly. During interviews with family/whānau, they confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The general manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Anglican-Methodist South Canterbury Glenwood Home Trust Board owns and operates Glenwood Home. The service provides care for up to 45 residents (including 33 dual-purpose beds and 12 rest home beds). On the day of audit, there were 11 rest home residents (including one resident under an individual funding agreement) and 33 hospital care residents (including one resident under a ministry of disabled contract, one bariatric funding care, two under individual funding agreements and two under accident corporation agreements). All other residents were under the age-related residential care services agreement.</p> <p>The Governance Board consists of nine board members from a variety of business and professional backgrounds, and are committed to supporting Glenwood. They have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with a Kaumātua and mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The current chair of the board and a board member were interviewed and confirmed the Board meets monthly. Monthly reports are received from the general manager, the clinical manager and the health and safety coordinator.</p> <p>The Glenwood Home strategic plan (2021- 2024) has clearly identified their mission, vision, and objectives. The business plan reflects a</p>

		<p>commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings that take place across the service.</p> <p>The general manager is non-clinical with years of previous management experience in health care and has been at Glenwood for fifteen months. The clinical manager has worked in the role for eight years at Glenwood. Both the general manager and clinical nurse manager have maintained at least eight hours of professional development activities each related to their respective roles.</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>Glenwood Home is implementing established quality and risk management programmes. This includes performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data. Benchmarking occurs internally against previous monthly and annual results. The frequency of medication errors has reduced significantly since March 2022. This has resulted in a continuous improvement rating.</p> <p>There is a documented business continuity plan.</p> <p>Three monthly combined quality/health and safety, staff meetings, and monthly clinical 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), cultural compliance, staffing, and education. Internal audits, meetings, and the collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off by the general manager when achieved. Meeting minutes and quality results data are posted on a noticeboard, located in the staff room. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p>

	<p>The 2022 resident and family satisfaction surveys indicate that both residents and family have high levels of satisfaction with the services being provided. Results have been communicated to residents through resident meetings (meeting minutes sighted). Corrective actions are implemented to improve on any specific comments.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good 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 have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team meets quarterly. There are seven health and safety representatives who have received health and safety training. Health and safety notices are posted on a noticeboard in the staff room. Hazard identification forms and an up-to-date hazard register were sighted. Five new hazards have been identified since the facility opened. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. The hazard register was last reviewed 24 January 2023. Staff incidents, hazards and risk information is collated at facility level, reported to the general manager, and is also provided to the Board of Directors. Health and safety is a regular agenda item in staff/quality and RN meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>There are regular moving and handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the last audit.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week. Registered nurses collaborate with healthcare assistants to evaluate interventions for individual residents at risk of falling. Residents are encouraged to participate in the regular exercise</p>
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		<p>programme.</p> <p>Electronic reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in eighteen accident/incident forms reviewed (witnessed and unwitnessed falls, pressure injuries, skin tears, one episode of challenging behaviour). Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Neurological observations reviewed were consistently recorded as per policy. Family/whānau are notified following incidents, unless the resident requests that they not be informed. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and healthcare assistants (HCAs).</p> <p>Discussions with the general manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT in relation to a pressure injury. There has been one Covid 19 exposure outbreak in July 2022. This was appropriately notified.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses and diversional therapist hold current first aid certificates. There is a first aid trained staff member on duty 24/7 and on outings.</p> <p>Interviews with staff confirmed that their workload is manageable. 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 general manager and clinical nurse manager work full-time (Monday to Friday). On-call cover is shared between the clinical nurse manager and the general manager.</p> <p>There were sufficient staff including registered nurses rostered on all</p>

	<p>shifts to meet contractual requirements and the needs of the residents. On interview staff, residents and family /whanau were happy with staffing levels.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training and a Māori cultural competency. External training opportunities for care staff include training through Te Whatu Ora and hospice. Registered nurse specific training has included webinar training on pressure injury prevention and management, urinary tract infections and anxiety and depression. Eight RNs are employed (including the clinical nurse manager) and two have completed interRAI training.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. Staff are expected to answer competency assessment questions such as: what is the meaning of health equity, how to apply the three principles of protection, partnership and participation, how does Te Tiriti O Waitangi apply to their work; and to define the meaning of mana motuhake.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty healthcare assistants are employed. They are supported to transition through the NZQA Careerforce certificate for health and wellbeing. Twelve have NZQA level four, five have NZQA level three, ten have level two and three do not yet have a documented level.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation (eg, fire safety, hand hygiene, moving and handling, falls prevention, communication, personal cares, restraint, challenging behaviours, infection control, personal protective equipment, and health and safety). Additional RN and senior HCA competencies cover medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, and wound</p>
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		<p>management.</p> <p>All RNs are encouraged to attend in-service training and Covid-19 preparedness, palliative care and wound management. Training occurs on specific topics at the end of the clinical meetings. RNs attend staff, health and safety and RN meetings where possible.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training and hazard reporting. Staff wellness is encouraged through participation in health and wellbeing activities. A staff support advocate visits the service on a regular basis and is available to staff at any time. Contractors are orientated to health and safety by the health and safety coordinator.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the general manager's office in a locked filing cabinet. Eight staff files reviewed (three healthcare assistants, three RNs, one kitchen manager, one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Each staff member receives a copy of the staff handbook and house rules and signs in agreement. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. The initial appraisal is after three months. All staff who have been employed for over one year have completed annual performance appraisals on file. The service has implemented an orientation programme 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 healthcare assistants to provide a culturally safe environment to Māori. Information held about staff is</p>

		kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</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>	FA	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service. The information in the welcome pack for Glenwood Home is being developed in te reo Māori.</p> <p>Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The general manager and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective</p>

		<p>residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, this is documented on the resident management electronic system. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly facility manager report to the clinical operations manager. The facility has established links with Ngā Tahu through the Kaumātua and is able to consult on matters in order to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven files were reviewed for this audit (four hospital files including one younger person with physical disability (YPD), a resident with a bariatric service agreement and a resident under an individual funding agreement, and three rest home residents including one resident on an accident compensation contract (ACC). The clinical manager (CM) and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments, and a family/whānau meeting where the long-term care plans are reviewed. This is documented in the electronic progress notes.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments (including residents with differing service</p>

	<p>agreements), and care plan evaluations and were completed within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The long-term care plan includes sections on mobility, hygiene, continence, dietary needs, sleep, communication, medication, skin care and pressure injury prevention, mood, and behaviours, social and cultural, intimacy and sexuality, and pain. The care plan aligns with the service's model of person-centred care.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly. Residents can retain their own GP if they choose to. The GP practice provides a limited on-call service. The clinical manager is available for after-hours calls and advice Monday to Friday with the afternoon RN providing this on the weekends. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for four hours a fortnight and will visit more if requested. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and RNs interviewed described 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 daily on the electronic system by healthcare assistants and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters a RN initiates a review with a GP. Family/whānau were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There</p>
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		<p>were six residents with nine wounds currently being treated which includes one stage two pressure injury, two grazes and six skin tears.</p> <p>Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Healthcare assistants and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, pain, behaviour, blood sugar levels, and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p> <p>Short-term care plans were well utilised for issues and signed off when resolved for infections, weight loss, and wounds.</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>There are two diversional therapists (DT) that provides activities across the seven days, both have current first aid certificates. The programme is supported by a group of volunteers known as “The friends of Glenwood”. All volunteers are inducted into the service.</p> <p>The programme is planned monthly and includes themed cultural events including those associated with residents and staff. A monthly calendar is delivered to each individual resident.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities and culturally focused activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>Entertainment and outings are scheduled weekly. There are weekly interdenominational services.</p> <p>A resident’s social and cultural profile includes the resident’s past</p>

		<p>hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include quizzes, board gaming, exercises, hand pampering, happy hour, mobile library and making kites. There are weekly van drives for outings.</p> <p>Resident meetings are held monthly with a meeting in the second month with the general manager and clinical manager. Residents are able to provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent HCAs) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service currently packages medication for regular and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Fourteen electronic medication charts were reviewed. The medication</p>

		<p>charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-medicating. All have the appropriate assessment and review on file. Medication competent HCAs or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses and clinical manager described a process to work in partnership with Māori residents and whānau 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>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring in June 2023. The four-weekly menu has been reviewed by a dietician.</p> <p>There is a food services manual available in the kitchen. The kitchen manager (a new appointment) receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen manager/cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal</p>

		<p>protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are 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. The clinical nurse manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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</p>	FA	<p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Four rooms have ceiling hoists. Residents are encouraged to bring their own possessions including those with cultural or spiritual significance into the home and are able to personalise their room.</p> <p>There are handrails in ensuites and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs and smaller communal areas for residents to sit in. The</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>large well-appointed dining room adjacent to the kitchen servery. All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. Activities take place in the large communal lounge and in smaller lounges. There are ten rest home rooms downstairs with an internal lift providing access between the two floors. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>There is a resident with bariatric funding and with specialised equipment available to assist in their care. All electrical equipment and other machinery are included as part of the annual maintenance and verification checks.</p> <p>The building is appropriately heated and ventilated. There is underfloor heating and heat pumps throughout the facility. The temperature in each room can be individually managed by a heat pump. There is plenty of natural light in the rooms.</p> <p>The service is not currently engaged in construction. If this was to happen the board member and the general manager described how they would utilise their links with their kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori.</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 and a business continuity plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management 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 (29 November 2022) has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is a petrol power generator on</p>

		<p>site which is checked fortnightly. There are adequate supplies in the event of a civil defence emergency including 3000 litres of water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. All staff carry pagers to alert care staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. External doors are alarmed and come on automatically at 8 p.m. at night and turn off at 6 a.m. If the doorbell rings at any time a visual and auditory monitor is activated in the nurses station and reception. If the door alarm is activated, it goes to all pagers. All RNs are issued with a code to reset the door alarms.</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>	FA	<p>The clinical manager is the infection prevention control coordinator and oversees the infection control programme . A senior RN is currently being trained and is working alongside the CM. The job description outlines the responsibility of the role. The infection prevention control programme: content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. There is documentation regarding the July 2022 outbreak which was reported to the general manager and Te Whatu Ora - South Canterbury. There is an infection prevention control committee that meets bi-monthly. Infection rates are presented and discussed at quality, clinical and staff meetings and presented in a clinical nurse manager report to the general manager, this information is shared</p>

		<p>with the board. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora - South Canterbury. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection prevention control coordinator, the general manager/Board, the GP, and the public health team.</p> <p>Visitors are asked not to visit if unwell. All visitors and contractors are required to wear masks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations (logs sighted), with staff and residents offered 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. 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. 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 prevention control coordinator has been in the role since 2015 and is working with and supporting a senior RN with a view to taking over the role. During Covid-19 lockdown there were regular meetings with Te Whatu Ora - South Canterbury which provided a forum for discussion and support relating to the Covid-19 response framework for aged residential care services. The service has a Covid-19 response plan including easily accessible resources for the preparation and planning for a further outbreak.</p> <p>The infection prevention control coordinator has completed external infection control training with Te Whatu Ora - South Canterbury. There is good external support from the GP, laboratory and microbiologist. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) as required. The infection prevention control coordinator has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight and training and education of</p>

		<p>staff. Policies and procedures are reviewed annually by the general manager and clinical manager in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service's infection control policies acknowledge importance of te reo Māori information around infection control for Māori residents and encourage culturally safe practices acknowledging the spirit of Te Tiriti o Waitangi. Infection prevention control practices include laundry and cleaning practices that reflect Māori participation when required and consultation in infection prevention to promote culturally safe practice. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas.</p> <p>The infection prevention control policy states that the service is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff have completed handwashing and personal protective equipment competencies.</p> <p>Resident education occurs as part of the daily cares and bi-monthly meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There was no construction, installation, or maintenance in progress at the time of the audit. There is a communication pathway to include infection prevention control advice when required.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is

<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>appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the bi-monthly infection control committee meeting and discussed with the GP. Infection rates are analysed for antimicrobial use and the clinical manager reports to the quality meeting and in the monthly clinical manager nurse report to the general manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs internally and monitors infections rates in comparison to previous months. Infection control surveillance is discussed at the three-monthly combined quality and health and safety meeting. Staff are informed through the variety of meetings held at the facility.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora - South Canterbury for any community concerns. Ethnicity data is collected on the electronic surveillance form submissions and analysed by the general manager. The data will then be used to inform future strategic planning and service delivery.</p>

		<p>There was one Covid-19 event in July 2022. The outbreak was documented with evidence of comprehensive management, regular outbreak meetings and comprehensive debrief meetings. The clinical manager/infection prevention and control coordinator interviewed described the daily update and debrief meetings that occurred. The service completed a review after the outbreak to prevent, prepare for and respond to future infectious disease outbreaks. The clinical manager/infection prevention and control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constrained workforce proved to be challenging but successful. Staff confirmed that during the Covid-19 outbreak had sufficient resources including PPE were adequate.</p> <p>Currently, visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in at the door and wear masks when moving around the facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements a waste and hazardous management policy that confirm to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough protective equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was routinely used wherever appropriate.</p> <p>Cleaning services are provided seven days a week. There are sluices located in each area with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct</p>

		<p>cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. On the day of interview, the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system with oversight from the infection control coordinator. Residents and families confirmed satisfaction with housekeeping and laundry services during interviews, and in satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process, as described in the restraint policy and procedures meets the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced RN (clinical manager) is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. The facility has been restraint free since the CM commenced working at the facility in 2015. Restraint minimisation training for staff, which includes a competency assessment begins during their orientation, and is updated annually.</p> <p>The reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint policy ensures resident, family/whānau approval would be sought if restraint was being considered. Any impact on</p>

		family/whānau would also be considered.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, 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>A quality management framework is being implemented. Clinical indicators are monitored monthly. Medication errors have significantly reduced following the implementation of specific and targeted medication error reduction strategies.</p>	<p>Medication errors were tracked monthly and annually. There were 26 errors in 2021 and in the first six months of 2022 there were 26 medication errors. At this time, medication error rates were shared with staff and a report was provided to the board. Errors were classified as pharmacy related, administration or dropped. Pharmacy were contacted about their errors and implemented their own strategies which proved successful. In June 2022, staff identified areas that they felt could be contributing to the administration medication errors and a working group involving staff, union members and management was established to identify solutions. Proposed solutions were discussed at staff meetings, quality and health and safety meetings and a board meeting including a medical advisor. Suggested changes in staffing allocation to reduce pressure on morning medication administration staff, additional training, buddy support and repeat competencies for identified staff were implemented. As a result of the</p>

			strategies introduced, medication error rates for the second half of 2022 were 14 and in 2023 have decreased with two for the year to date. This has reduced potential harm to residents.
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End of the report.