

Leslie Groves Society of St John's (Roslyn) - Leslie Groves Hospital

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Leslie Groves Society of St John's (Roslyn)

Premises audited: Leslie Groves Hospital

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care

Dates of audit: Start date: 30 March 2023 End date: 31 March 2023

Proposed changes to current services (if any): One room in the psychogeriatric unit has been decommissioned as part of the ongoing construction. The total beds in the psychogeriatric unit have decreased from 23 to 22. The total number of beds at the time of the audit were 70.

Total beds occupied across all premises included in the audit on the first day of the audit: 68



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

Leslie Groves Residential Care Services are operated by the Leslie Groves Society of St John's (Roslyn), a charitable trust governed by a Board of Parishioners from the Anglican Parish of St John's Roslyn in Dunedin.

Leslie Groves Hospital provides hospital (medical and geriatric), psychogeriatric and dementia level of care for up to 70 residents. Occupancy on the days of audit was 68 residents.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora Health New Zealand- Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff, and the general practitioner.

The service is managed by a general manager who is supported by an experienced clinical manager and two unit-managers. Residents and family/whānau spoke positively about the service provided.

The service continues with environmental upgrades including construction to increase beds in the psychogeriatric unit. There is an established quality and risk programme which is implemented.

There were no areas of improvement to follow up from the previous audit.

This surveillance audit identified two shortfalls that require improvement related to RN shortages and progress notes.

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.

Leslie Groves Hospital provides an environment that supports resident rights and reflect cultural safe care. There is a Māori health plan. Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the policies and procedures. There is a service working towards partnering with Pacific communities to encourage connectiveness.

Residents are involved in providing input into their care planning in a manner that considers their dignity, privacy, choices, and independence. Staff receive training on Māori health, cultural safety, and awareness at orientation.

The information relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights is included in the information packs given to new or potential residents and family/whānau.

There is an established system for the management of complaints that meets the guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The business plan reflects a holistic model to service delivery and ensure wellbeing outcomes for Māori and tāngata whaikaha are achieved. The clinical manager and healthcare assistants are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is progress towards the implementation of strategies to collaborate with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.

There is a policy to ensure safe staffing levels. Residents receive appropriate services from suitably qualified staff. An orientation programme is in place for new staff. An education and training plan is implemented. There is a schedule of competencies to equip staff with the necessary skills to provide cultural and clinical safe care. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. The care plans evidenced resident and/or family/whānau input.

Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. All staff responsible for administration of medication complete education and medication competencies.

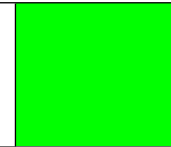
An activities programme is implemented that meets the needs of the residents. Opportunities are created to facilitate te ao Māori.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

All referrals, transfers and discharge occur in partnership with the resident and family/whānau to ensure a seamless transition.

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.



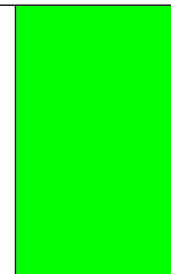
Subsections applicable to this service fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place that include the monitoring of hot water temperatures and the calibration and maintenance of medical equipment. The dementia unit and psychogeriatric units are secure.

Security arrangements are in place to ensure the safety of residents and staff.

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 control programme includes a pandemic and Covid -19 plan. The infection prevention control coordinator is the clinical manager. The infection prevention control committee is supported by representation from all areas of the service. The infection control team accesses a range of resources, including Te Whatu Ora New Zealand resources. Education is provided to staff at induction to the service and is included in the education planner.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking occurs. There have been three outbreaks documented since the last audit which were managed well.

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 policy documents the service's commitment to minimising and eliminating restraint. At the time of the audit, there was one resident using a restraint. Restraint minimisation is included as part of the quality and risk programme, and training occurs at orientation and annually. Staff completed restraint competencies.

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	20	0	0	2	0	0
Criteria	0	56	0	0	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Leslie Groves Hospital is developing support to increase Māori capacity. There are staff members employed who identify as Māori. The recruitment related policies reviewed evidence an organisational commitment towards equity and equal opportunities.</p> <p>Four healthcare assistants and managers (the general manager and clinical manager) interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Ethnicity data is gathered when staff are employed, and this data is planned to be analysed in reports at governance level.</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</p>	FA	<p>Leslie Groves Hospital has a Pacific health plan and policy that commits to providing appropriate and equitable care for residents who identify as Pasifika specifically, and there is also a policy around being culturally safe. The general manager (GM) and clinical manager (CM) described how they can access support locally from Pacific groups through staff. At the time of the audit there were staff who identified as</p>

<p>tino rangatiratanga. 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>Pasifika. The CM interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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 service recognises Māori mana Motuhake, as evidenced through resident care plans, the Māori health plan, and discussions with staff. On the day of the audit, it was observed that staff provide residents with choice and the ability to decide for themselves, taking their cognitive ability in consideration.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>The staff at Leslie Groves Hospital receive training in Māori health and cultural awareness during orientation. All staff have just completed the cultural awareness quiz and there is further training planned in this year's education planner. The staff noticeboards contain information on Māori tikanga practice. Staff interviewed (the kitchen manager, one diversional therapist, four HCAs, two registered nurses) demonstrated understanding of Te Tiriti o Waitangi, te ao Māori and tikanga best practice in relation to their roles, with examples provided. Māori cultural days are celebrated (eg, Waitangi and Matariki). Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p>
<p>Subsection 1.5: I am protected from abuse 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.</p>	<p>FA</p>	<p>The abuse and neglect policy is implemented. Staff interviewed are able to describe signs and symptoms of abuse they may witness and are aware they can escalate their concerns. During interviews with HCAs, a culture of teamwork and inclusiveness was evident. Staff are encouraged to address issues of racism and bias. Cultural</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>days are held to celebrate diversity. Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Family/whānau interviewed confirmed that the care provided to their family members are respectful.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori. There is a section of the electronic care plan available for Māori health and cultural information for each resident. The care plans reviewed evidenced a resident centred approach.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Informed consent includes consent to display and take photographs, to share medical information between allied health professionals, for treatment and care provided, van outings and vaccinations. The service follows relevant best practice tikanga guidelines to ensure cultural safe care. This is referred to in the informed consent policy. The RNs and CM have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services to Māori are available when required.</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</p>	<p>FA</p>	<p>A complaints procedure is provided to residents and family/whānau during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights and complaints process and forms are visible, and available. Complaints can be handed to reception or to a staff member. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Leslie Groves Hospital has a resident's meeting which has the local Health and Disability Commissioner (HDC) advocate available to ensure residents are able to complain.</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>A complaints register is maintained. Complaints management meets the Health and Disability Commissioner’s guidelines and time limits. Two complaints have been lodged in 2021/2022. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC. Concerns and complaints are discussed at relevant meetings. Staff interviewed reported that complaints and corrective actions are discussed at meetings (also evidenced in meeting minutes).</p> <p>One complaint was received from HDC in 2022. The complaint has been investigated and all information requested has been sent. The service is awaiting a response from HDC. There were no issues identified in this audit in relation to the complaint.</p> <p>Family/whānau interviewed are aware of the complaint process and reported they are comfortable discussing any issues with the RNs or the management team.</p> <p>The CM interviewed stated the complaints process works equitably for Māori, support is available and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori. The complaints policy had been reviewed to provide an equitable process for Māori.</p> <p>Discussions with three family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues, are addressed promptly.</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</p>	<p>FA</p>	<p>Lesley Groves Hospital currently provides dementia, psychogeriatric and hospital level care for up to 71 residents. There are 31 hospital beds, 23 beds in the psychogeriatric unit and 17 beds in the dementia unit. There are no dual-purpose beds.</p> <p>On the day of the audit there were a total of 31 residents at hospital level care (including one respite resident on an Accident Compensation Corporation (ACC) contract), and 16 residents receiving dementia care under the aged related residential care agreement (ARRC). There were 22 residents receiving psychogeriatric care under the aged residential hospital specialised services (ARHSS) agreement.</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>There is current construction going on to add a further five beds to the psychogeriatric unit. One room in the psychogeriatric unit has been decommissioned as part of the ongoing construction. This was not included as part of this audit. The total beds in the psychogeriatric unit have decreased from 23 to 22. The total number of beds at the time of the audit was 70.</p> <p>The GM oversees the hospital and rest home (on another site). The CM provides the day-to-day clinical operations and is supported by two unit-managers; one of these positions is currently vacant. Strategic and business planning is undertaken by the directors and executive team for the wider organisation. Plans sighted outlined the scope, direction and goals of the organisation which incorporates the values framework document. The governance body is committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (i.e. infection control and adverse events). The Board is committed through appropriate resourcing and training, ensuring that Leslie Groves services will achieve equity and improve outcomes for Māori. There are Board members who have had cultural training in their other roles. Further training will be planned from their Te Ara Hou planning days. Appropriate resourcing and training will support management and staff to address barriers to equitable service delivery for all residents.</p> <p>Tāngata whaikaha (where able) and enduring power of attorneys provide feedback through surveys and resident meetings to ensure their voice is heard.</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</p>	<p>FA</p>	<p>Leslie Groves Hospital implements a quality and risk management programme as part of the business plan. The quality and risk management systems include a risk-based approach and include performance monitoring through internal audits and through the collection of clinical indicator data. Quality goals, health and safety goals, and infection control goals for 2022 are documented and reviewed.</p> <p>A range of meetings are held monthly or bimonthly, including resident meetings, quality, health and safety, infection prevention and control,</p>

<p>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>RN meetings and staff meetings. Discussions include (but are 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 are documented as taking place, with quality improvements and corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data, analysis and trends in data are made available to staff through meeting minutes. The corrective action/quality improvement log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Benchmarking occurs on a national level through their electronic resident management system.</p> <p>Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Electronic reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handovers.</p> <p>Staff have completed a cultural quiz including cultural sensitivity, and awareness with resources made available to ensure a high-quality service is provided for Māori and residents with diverse ethnicities. Policies have been reviewed by the external provider team to meet the 2021 Ngā Paerewa Standard. New policies or changes to a policy are communicated to staff.</p> <p>The 2022 family/whānau satisfaction survey demonstrates an overall satisfaction with all areas of service delivery. Corrective actions were implemented to improve the areas of concern.</p> <p>There is an external consultant that supports health and safety at Leslie Groves to ensure policies and legislative requirements are implemented and monitored by the health and safety representatives. Health and safety meetings are held bimonthly. Hazards are identified and added to the hazard register which is currently being reviewed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>Discussions with the management evidenced their awareness of their requirement to notify relevant authorities in relation to essential</p>
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		<p>notifications. There have been weekly notifications completed since May 2022 for RN unavailability for up to six shifts per week in the psychogeriatric unit. There had been one norovirus and two Covid -19 outbreaks in 2021/22 and these were appropriately notified to Public Health.</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>PA Moderate</p>	<p>A staffing and rostering policy and procedure policy is in place for determining staffing levels and skills mix for safe service delivery. Casual staff are additional staff that are added to the roster to cover staff absences. Family/whānau interviewed stated there are adequate staff numbers to meet the residents' needs.</p> <p>The Leslie Groves Hospital roster has sufficient HCAs to meet the needs of the residents. The service is actively recruiting for three RNs to cover the roster. The unit manager position in the psychogeriatric (PG) unit is currently vacant; there are two other unit managers. The Ferntree, and dementia unit manager supports the Taieri unit (PG) while they do not have a unit manager. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. Section 31 notifications are completed as required to notify the funder of RN unavailability across shifts in the hospital or psychogeriatric unit. The CM is on site full time, Monday to Friday and the unit managers are available on call, after hours. All RNs and a number of senior HCAs have current medication competencies. Healthcare assistants, RNs and activities team members have a current first aid certificate, with at least one person on each shift with a valid current first aid certificate.</p> <p>Medication competent HCAs which include internationally qualified RNs, are overseeing the psychogeriatric unit in the absence of an RN or unit manager. Additional HCAs are rostered on those days to mitigate clinical risk. The roster reviewed evidence HCAs are added to the roster to meet the acuity and needs of the residents. Family/whānau interviewed stated they are mostly unaware of any staff shortages as their family/whānau are well cared for.</p> <p>There are diversional therapists rostered from Monday to Sunday to</p>

	<p>provide activity support.</p> <p>The annual training programme exceeds eight hours annually. Attendance registers for training sessions and educational topics offered include in-services, competency questionnaires, online learning, and external professional development. There is a range of competencies specific to the employee`s role. There is a schedule and register in place and competencies are up to date. There are five RNs who are interRAI competent. There is an interRAI waiver in place, which has been applied for as there are RNs currently in training.</p> <p>There is an annual education and training plan that includes mandatory training. A number of sessions have been postponed or rescheduled due to Covid-19, with other urgent training requirements related to Covid- 19 occurring. Other forms of training have been used at this time; this has included online training and quizzes. Training topics include health and safety and hazard management, infection prevention and control, residents Code of Rights, cultural safety training, chemical training, emergency preparedness and pandemic planning. Staff complete a cultural safety competency and further training is planned to provide staff with opportunities to learn about Māori health outcomes, disparities, and health equity trends. The CM ensures the attendance and content of the sessions are filed. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori.</p> <p>Healthcare assistants are encouraged to gain qualifications with the New Zealand Qualification Authority (NZQA). There are 32 healthcare assistants who work in the dementia and psychogeriatric units. Sixteen have the appropriate qualifications to satisfy the ARHSS clause D17.11 and ARRC and clause E4.5.f. Six are yet to be enrolled as they have been employed for less than 12 months and ten have been enrolled and are working to complete these. Staff are supported to complete New Zealand Certificate in Health and Wellbeing through Careerforce.</p> <p>Registered nurses (RN) are supported to maintain their professional competency. There are opportunities to attend external training for the RNs. There are competencies for RNs and HCAs related to specialised procedures of medication management. Māori health information is shared along with quality data in the facility meetings, which is also</p>
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		reported to the Board.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Practising certificates of relevant health professionals are held on file. The orientation programme is specific to the staff members role in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A range of competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. The HCAs interviewed stated their orientation process prepared new staff for the role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. The clinical manager monitors completion of the orientation programme.</p> <p>Five staff files were reviewed (three HCAs, CM and one kitchen assistant) and included evidence of completed orientation, training and competencies and professional qualifications on file where required.</p> <p>There is a policy governing management of personnel files. Information held about staff is kept secure, and confidential. Ethnicity is identified during the employment application stage. The service collects ethnicity data and reports analysis of this at governance level.</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</p>	FA	<p>There are policies implemented around admission and declining processes, including required documentation. The administration manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. Admission records capture ethnicity; however, this is not routinely collated for prospective residents. The service is working towards a process for analysis for decline rates. The administration manager and GM interviewed stated the service has only declined two residents in the last three years, and none were Māori.</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. At the time of audit, there were no residents identifying as Māori, and the service has Māori staff members. The service has</p>

<p>and communicated to the person and whānau.</p>		<p>links with Te Whatu Ora - Southern cultural advisor in order to strengthen their partnership with Māori communities and organisations to benefit Māori individuals and whānau. The CM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, can be consulted when required.</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>PA Moderate</p>	<p>Five resident files were reviewed and included two from the dementia unit, one from the psychogeriatric unit and two hospital level residents (including one on respite Accident Compensation Corporation (ACC) respite care.</p> <p>The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes, six-monthly care review electronic form, three-monthly GP review form and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. InterRAI assessments and reassessments were completed within the required timeframes for all residents (excluding the resident on respite). InterRAI and risk assessment outcomes form the basis of the care plans. Assessments (including cultural assessments) and care plans are completed within the required timeframes. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>Long-term care plans had been completed within 21 days for long-term residents. The long-term care plan is holistic, includes all aspects of daily living and aligns with the facilities model of care. Interventions in the long-term care plan are recorded to address all needs and to guide staff in the management of the care of the resident. Routine care plan evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. The diversional therapists (DTs) complete a 24-hour leisure plan for all</p>

	<p>residents in the dementia unit and psychogeriatric unit, describing the resident's usual morning, afternoon, and night-time habits/routines. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, family/whānau, and the extended family/whānau as applicable to support wellbeing. Tikanga principles are included within the Māori health care plan. The resident on respite care had an interim care plan completed within 24 hours of admission and address cultural considerations, medical and physical needs. Te Ara Whakapiri is used to guide end of life care.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and reviews the residents at least three-monthly or earlier if required. The GP service visits routinely weekly and provides out of hours cover. The GP (interviewed) commented positively on the communication and quality of leadership at 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. Residents with disabilities are assessed by the contracted physiotherapist and equipment is available as needed. The service contracts with a physiotherapist and a podiatrist visits every six to eight weeks. Specialist services including mental health services for older people, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora -Southern.</p> <p>A verbal and written handover was observed to be comprehensive to maintain a continuity of service delivery. Progress notes are written electronically every shift by HCAs; however, the HCAs use unapproved abbreviations when writing notes. The RNs add to the progress notes if there are any incidents or changes in health status; however, RNs do not write routinely in the progress notes as required by the relevant policy.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their</p>
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		<p>whānau.</p> <p>When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were 15 current wounds (two surgical wounds, one chronic ulcer, skin tears, skin lesions and four stage II pressure injuries). All wounds reviewed had comprehensive wound assessments, including photographs (for complex wounds) to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to the wound clinical nurse specialist. Healthcare assistants and RNs 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 RNs complete monitoring charts, including bowel chart, reposition charts, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Each event involving a resident was followed up by a clinical assessment by a RN. Neurological observations were consistently recorded as per policy. Family/whānau are notified following incidents.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are</p>	FA	<p>The activities programme is conducted by a group of three diversional therapists and two activities coordinators over seven days a week. The diversional therapist reported that the service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated. Residents and family/whānau interviewed felt supported in accessing community activities such as celebrating national events. Matariki, Waitangi Day, Anzac Day, and Māori language week is celebrated. Other activities included harakeke crafts and sing along. Te reo Māori is promoted and celebratory meals are</p>

<p>satisfying to them.</p>		<p>included in activities programme. The planned activities and community connections are suitable for the residents. Van trips are conducted twice a week.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided. The Diversional Therapy - Quality of Life Policy reflects the importance of residents, family/whānau, and the extended whānau, as applicable, to support wellbeing. Behaviours that challenge is assessed when this occurs and include triggers and personal strategies to de-escalate or divert.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews on all medication charts.</p> <p>Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments.</p> <p>A total of 10 medicine charts were reviewed. Allergies are indicated, and all photos on medication charts were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Efficacy of PRN medication is documented in the progress notes and electronic management system and evidence of this was sighted. Eye drops were dated on opening.</p> <p>Medication competencies were current. Medication incidents forms were completed in the event of a medication error and corrective actions were acted upon.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p>

		<p>A medication round was observed, and the RN was observed to administer medications safely and correctly. Medications were stored safely and securely in the trolleys and locked treatment rooms.</p> <p>There were no residents self-administering medications. There are policies and procedures in place should a hospital level resident wish to administer medications. No standing orders are in use, and no vaccines kept on site. Any over-the-counter medication and supplements are considered by the service to be part of the residents' medications and are charted appropriately.</p> <p>The medication policy clearly outlines residents, including Māori residents and their whānau, are supported to understand their medications. This was confirmed in interviews with the RNs.</p> <p>The RN and unit managers described how they work in partnership with all residents to ensure the appropriate support and advice is in place. Residents are involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews. Any changes to medication are discussed with the resident and or family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food is cooked on site, but the food services are provided by an external contractor. The kitchen manager advised that as part of cultural celebrations such as Matariki, Māori food can be prepared on request. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, dislikes and cultural needs. Food safety training completed by kitchen staff includes cultural concepts such as tapu and noa. The kitchen manager described how they provide menu options culturally specific to te ao Māori.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and</p>	FA	<p>There is a transfer and discharge of resident policy that includes a communication pathway to ensure planned, informed and coordinated transfers. Residents and their family/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that</p>

<p>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>the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers is completed. There is evidence of referrals for re-assessment for change in level of care.</p> <p>Interviews with the unit managers and RNs and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness which expires on 16 March 2024. The maintenance person works part-time and oversees the annual planned and reactive maintenance programme in place. All equipment is maintained, serviced and safe, and the environment is inclusive of peoples' cultures and supports cultural practices (as observed during audit). Hot water temperatures are completed at regular intervals as part of the annual preventative maintenance plan.</p> <p>The development phase included a consultation process with family/whānau and Te Whatu Ora - Southern to ensure they reflect aspirations and identity of Māori; this is also documented in the Māori plan to include mana whenua when planning services.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly. The dementia unit and psychogeriatric units are secure by keypad entry. Closed circuit television is in communal area and hallways.</p> <p>The building is secure after hours and staff complete security checks at night. Visitors and contractors are identified through a sign in process. Staff wear name badges and uniforms for easy identification.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>There are a suite of infection control policies and procedures that include a pandemic plan. There are outbreak kits readily available, and</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>a personal protective equipment (PPE) storage room and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE available and accessible. There is infection control information available for staff in te reo Māori. Staff interviewed can describe how they ensure culturally safe practices are adhered to, in relation to infection control and how Māori participation will be encouraged. This is documented in the Māori health plan.</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 policies. 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 includes ethnicity and is monitored and analysed for trends, monthly and annually.</p> <p>The infection control coordinator completes monthly benchmarking, and this is reported to staff at meetings. Infection control surveillance is discussed at quality, and staff meetings. The service receives information from Te Whatu Ora - Southern for any community concerns.</p> <p>There have been three outbreaks since the previous audit, all in 2022. The outbreaks were documented with evidence of comprehensive management. The infection control coordinator and quality advisor interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their family/whānau were updated regularly. All outbreaks were documented and reported accordingly.</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</p>	<p>FA</p>	<p>Leslie Groves Hospital has currently one hospital level resident using a restraint (bedrail). The restraint policy identifies the organisations' commitment to minimising restraint use. Restraint use is benchmarked</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>and link to business and quality goals of reducing and eliminating restraint.</p> <p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is a unit manager, who provides support and oversight to minimising restraint. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>The quality reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records related to restraint include an assessment, consent, monitoring, and evaluation documentation. Monitoring occurs as required. Family/whānau approval is gained for residents that are unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint is only used as a last resort for safety when all alternatives have been explored. Regular training occurs in the management of challenging behaviour and restraint minimisation. Staff completed restraint competencies at orientation and as part of their education programme. Review of restraint use is discussed at staff meetings.</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>	<p>PA</p> <p>Moderate</p>	<p>The roster reviewed shows Leslie Groves Hospital is sufficiently staffed Monday to Sundays, with an RN supported by a complement of HCAs distributed over a 24-hour period and kitchen assistants and housekeeping staff who perform kitchen and cleaning duties.</p> <p>There is a RN rostered in the hospital and psychogeriatric unit for morning, afternoon, and night shifts. Due to staffing shortages, there is not always RN cover in both areas. The RN that is on shift will cover both the hospital and psychogeriatric units. To mitigate the risk, there are internationally qualified nurses (IQNs) working in both the hospital and psychogeriatric units who work as level four carers. One of the IQNs who works in the psychogeriatric area, has a mental health</p>	<p>Due to a national workforce issue, not all shifts are covered by an RN for the psychogeriatric and hospital units as required by the ARHSS D17.3 and D17.4.</p>	<p>Ensure to adhere to D17.3 and D17.4 of ARHSS agreement related to RN coverage in the roster.</p> <p>60 days</p>

		<p>background and is rostered to work in this area. Further to this, from Monday to Friday they are supported by the CM. Staff are supported to gain the appropriate qualifications to meet the needs of the residents.</p> <p>In-service training is provided monthly or more often on a range of topics, which staff are encouraged to attend. Staff complete the mandatory competencies to equip them with skills to provide cultural and clinically safe care. Residents care needs are met, and clinical risks are mitigated, as evidenced through clinical and quality documentation review and observation on the day of the audit.</p> <p>However, the roster does not meet the contractual obligations of the ARHSS D17.3 and D17.4 for RN cover. This finding needs to be read within the context of the current national workforce shortage.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the</p>	<p>PA</p> <p>Moderate</p>	<p>The service completes an interRAI reassessment when a resident's needs change to consider if the resident requires a change in level of care. Residents' family/whānau are involved in the evaluation of care. Care plans are evaluated six-monthly or earlier when health care needs change. Care plan evaluations document resident progression towards meeting goals. The RN progress notes are not consistent with policy requirements within the sample of all five files.</p> <p>There is a common approved abbreviation list and `frailty abbreviation list` as part of the suite of clinical policies. Staff orientation self-directed learning package include guideline for</p>	<p>(i). The frequency of RN progress notes entries is not consistent with the policy requirements.</p> <p>(ii). Healthcare assistants use unapproved abbreviation when writing progress notes.</p>	<p>(i)-(ii) Ensure the requirements of writing of progress note are consistent with the relevant policies including approved abbreviation list.</p> <p>60 days</p>

<p>person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>the writing of progress notes. Healthcare assistants use up to eight unapproved abbreviations within their progress notes.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.