

Presbyterian Support Central - Huntleigh Home

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: Presbyterian Support Central

Premises audited: Huntleigh Home

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

Dates of audit: Start date: 23 May 2023 End date: 24 May 2023

Proposed changes to current services (if any): The service was verified as suitable to provide residential disability -physical level care in May 2021. Please add the level of service to their certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 56

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

General overview of the audit

Presbyterian Support Central Huntleigh provides hospital (medical and geriatric), rest home and residential disabilities-physical level of care for up to 71 residents. At the time of the audit there were 56 residents.

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

An experienced manager oversees the day-to-day operations of the facility. They are supported by a clinical manager. Family/whānau interviewed spoke positively about the service provided.

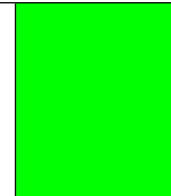
The service continues to improve the environment.

There were no findings in relation to the previous certification audit.

This surveillance audit identified improvements required around implementation of the audit schedule; staff education; the implementation of the roster; and medication management.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

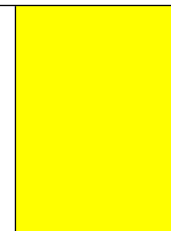
The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The management team are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential family/whānau. A Pacific health plan is being developed.

There is an established system for the management of complaints that meets 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 low risk.

The business plan is supported by quality and risk management processes that take a risk-based approach. Internal audits are documented. Systems are in place for monitoring the services and regular reports are provided. Services are planned, coordinated and are appropriate to the needs of the residents.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is coordinated and planned for new staff. An education and training plan is documented. Policies and risk management plans are implemented to ensure safe measures in relation to roster cover.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| <p>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.</p> | | <p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activities to promote te ao Māori is facilitated and encouraged. In interviews, residents and family/whānau expressed satisfaction with the activities programme provided.

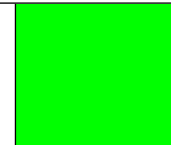
There is a medicine management system in place. All medications are reviewed by the general practitioners every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents as required.

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

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

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



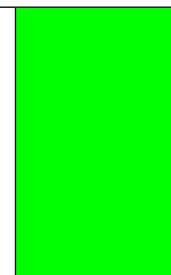
Subsections applicable to this service fully attained.

The 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.

Security arrangements are in place in the event of an external disaster or fire.

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.

A pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. One outbreak has been documented and reported since the previous audit and was well managed.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were four residents using restraints at the time of the audit. There is a residents' advocate as part of the oversight committee. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
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| Subsection | 0 | 19 | 0 | 2 | 1 | 0 | 0 |
| Criteria | 0 | 58 | 0 | 3 | 1 | 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 |
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| <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>On interview, the manager interviewed stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Presbyterian Support Central-Huntleigh (PSC-Huntleigh).</p> <p>At the time of the audit, there were staff members who identify as Māori at PSC-Huntleigh. Six healthcare assistants (HCAs) interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. The business plan 2023-2024 documents a cultural strategy that includes a commitment to a diverse workforce. Ethnicity data is gathered when staff are employed, and this data is analysed at a 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> | FA | <p>There is a comprehensive Pacific health plan in draft form as part of the cultural appropriate service policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The organisation plan to implement the plan in July</p> |

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| <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>2023. The Cultural Safe Care policy aims to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality care. The service has established links with Pacific organisations through their Pacific staff.</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>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training In May 2023 which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility by involving residents in care planning, resident focussed goals and supporting residents to make choices around all aspects of their lives, as evidenced in care plans and supported by the Māori health plan.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>PSC Huntleigh annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in May 2023 to support the provision of culturally inclusive care. The organisation's orientation booklet has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process that include the use of the Kaumātua Oranga Wellness Map. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs. Seven residents (three hospital, one hospital and three young persons with disability [YPD]), and six family/whānau (three hospital and three rest home), confirmed they are treated with respect.</p> |

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| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori Health Strategy aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The business plan 2023-2024 reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. There are educational resources available on the intranet.</p> <p>Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training and the education encourage reflectiveness, self-awareness and thoughtfulness in the team and foster the desire to be effective with people they come into contact with. Two managers (the manager and clinical nurse manager) stated that the service's Eden Philosophy is a holistic strength-based model of care and the adopted four pathways of the original He Korowai Oranga framework is resident and family/whānau centred. These principles are incorporated in the care plans (reviewed).</p> <p>Interviews with fourteen staff (six healthcare assistants [HCAs], four registered nurses [RNs] including one clinical coordinator, two recreational officers, one food services team leader, one kitchen hand) confirmed to have a good workplace culture and teamwork.</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. 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>FA</p> | <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori health plan is available to guide on cultural responsiveness to Māori perspective of health. The clinical nurse manager and clinical coordinator interviewed demonstrated a good understanding of informed consent processes. Cultural awareness training includes best tikanga guidelines.</p> |

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| <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>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 during the resident's entry to the service. A compliment, suggestions, concerns & complaints policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, had been addressed promptly. The manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is maintained. There were eight complaints lodged in 2021 since the last audit. Six complaints were closed off as resolved to the satisfaction of the complainant. One complaint was referred to the coroner in April 2021 and to the Health and Disability Commissioner (HDC) in October 2021. All the relevant documentation and internal investigation documents had been forwarded to both agencies. The complaint remains open.</p> <p>There were four complaints in 2022. Three complaints were closed off as resolved. One complaint was referred to the Health and Disability Commissioner (HDC) in March 2022. All the relevant documentation and internal investigation documents had been forwarded to HDC by the requested date (21 May 2023). The complaint remains open.</p> <p>There were four complaints lodged in 2023 year to date. Three complaints were documented as resolved to the satisfaction of the complainants. One complaint was referred to the Nationwide Health and Disability Advocacy Service on 17 May 2023. The complaint remains open.</p> <p>There were no trends identified in the complaints. Complaints addressed have been resolved within the guidelines provided by the</p> |

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| | | Health and Disability Commissioner (HDC). |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | FA | <p>PSC Huntleigh is part of Presbyterian Support Central – Enliven and is located in Wellington. Presbyterian Support Central (PSC) oversee thirteen aged care facilities across the lower North Island. PSC Huntleigh provides hospital (medical and geriatric), rest home level, and residential disabilities- physical care for up to 71 residents. All beds are dual purpose beds.</p> <p>There were 56 residents at the time of the audit: 26 rest home residents, including one on respite care on an Accident Compensation Corporation contract (ACC); and 30 hospital level residents, including six on a younger person with physical- disability contract [YPD]. All other residents were on the aged residential care contract (ARRC).</p> <p>PSC Huntleigh has a business plan (2023-2024) that aligns with PSC Enliven overarching strategic plan (2020-2025). Clear business goals are documented to support their Enliven philosophy. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>PSC has a Board of eight directors which includes Pacific representation and a position for Māori. The position with support from the organisation cultural advisor and cultural support person include providing advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The Board receives a director’s report monthly from the chief operating officer (previous Enliven general manager) and clinical director. There are two regional managers, and three nurse consultants supported by a clinical director (a recently vacant position). Individual members of the Board have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The PSC Enliven strategic plan reflects the organisations commitment to collaboration with Māori. This aligns with the Ministry of Health strategies and how it addresses barriers to equitable service delivery. PSC Enliven Wai Ora learning package and Whanau Ora Te Reo</p> |

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| | | <p>education and dictionary is readily available to all staff.</p> <p>The Board is committed to the meaningful Te Tiriti partner representation. The Enliven Cultural Advisory Group (CAG) is made up of Māori staff, residents, whānau, kaumātua and iwi representation from the local area where the group meetings are currently held. Advice from the cultural advisory group have resulted in changes to policy and procedures; introduction of regular mihi whakatau at each site; inclusion of karakia at mealtimes; and updates to the mandatory training programmes for all staff to ensure clear understanding of the Te Tiriti obligations, as it applies to individuals.</p> <p>Enliven advisory groups include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). The advisory groups are compiled of staff, residents, whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet 3 – 4 times per year and develop policies and procedures. Senior Enliven staff are expected to sit on at least one of these groups. The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pacific staff.</p> <p>The manager (registered nurse) has managed PSC Huntleigh for the last three years and has tertiary qualifications in Older Persons Health and Business management. They have been with Enliven for the past 15 years. The manager is supported by a clinical nurse manager (CNM) who is a registered nurse with experience in mental health and been a registered nurse for 13 years, but only been in the CNM role for six weeks. The manager has completed more than eight hours of training related to managing an aged care facility and education including: privacy related training; business planning; infection prevention and control; PSC annual managers training day; and a planned two-day Te Pumaomao Nationhood Building course in September 2023 at Huia Marae in Levin.</p> |
| Subsection 2.2: Quality and risk | PA Low | PSC Huntleigh has a documented quality and risk management |

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| <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>programme. The quality and risk management systems include performance monitoring through internal audits, through the collection of clinical indicator data and benchmarking. Monthly meetings are scheduled and include staff, clinical, senior team (huddles) and quality meetings that include health and safety and infection control. Meetings occurred as scheduled for 2022 and the schedule for 2023 is being implemented. Resident meetings and family/whānau meetings occur quarterly as scheduled.</p> <p>Quality data is discussed through these various meetings and opportunities to minimise risk are identified. When meetings occur, there is a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); staffing, education; quality data; health and safety; hazards; service improvement plans and corrective action plans; emergency processes; incidents and accidents; internal audits; and infections. Quality initiatives include improving the activities programme and improving the complaints management process; progress is documented and evaluated.</p> <p>Corrective actions are discussed at senior team (huddle), clinical, quality, including health and safety and staff meetings, to ensure any outstanding matters are addressed. Outstanding issues arising from meetings are documented and signed off as addressed.</p> <p>There is an internal audit schedule for 2022; however, this has not been fully implemented. The internal schedule for 2023 is in place and being implemented. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved.</p> <p>The 2022 resident satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided; there was a marked improvement from the previous year in the overall satisfaction rate in all service delivery areas. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted).</p> <p>A risk management plan is in place. Health and safety meetings occurred as scheduled. Actual and potential risks are documented on</p> |
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| | <p>an electronic hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The hazard register is current and reviewed in February 2023. Staff, including agency staff and contractors, are orientated to the facility's health and safety programme. The health and safety representatives have completed training in the management and support of health and safety in the workplace. The health and safety representatives provide a monthly report that is presented to the quality and staff meetings. Hazard reports are completed on the electronic register, including staff injuries and closed off when addressed; these issues are discussed at the meetings.</p> <p>Report forms are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Data is collated, trends are identified, and residents of concern are discussed at handover, clinical meetings, and quality meetings. Benchmarking occurs monthly.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notification have been completed to notify HealthCERT related to coroner inquiry (April 2021), three in 2022 related to behaviour and a pressure injury. Thirty-one weekly reporting in 2021/ 2022 of RN shortages, and seven for 2023 for RN shortages, including where no RN was on duty for night shift (over easter weekend). There has been one Covid-19 outbreak and three individual exposure events documented. The outbreaks were reported to Public Health.</p> <p>Quality data and trends in data are posted on a quality noticeboard. Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, review of policies and internal audits. The Enliven Huntleigh Home business plan 2023-2024 describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training. Staff completed cultural training and staff is supported and encourage to learn te reo Māori.</p> |
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| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Low</p> | <p>There is a staffing policy that describes rostering requirements. The service has 42 beds upstairs in Meadows wing (with 14 hospital and 21 rest home level of care) and 29 beds on the ground floor in Woodlands wing (16 hospital and five rest home level of care). Interviews with staff confirm that there is an easy process with the call bell system to summon for help.</p> <p>The service has completed several notifications for RN shortages for approximately 15 shifts across afternoon and night shift; however, there have only been one instance where there were no RN on night shift and the CM slept over. Due to the layout of the facility, the roster required two RNs at all times; however, this could not consistently be provided.</p> <p>It was noted that the service has attempted to mitigate the risk of this situation by Enliven agency staff, other agencies and staff working more than their allocated contractual hours. The manager has been working numerous times as an RN or HCA whilst providing clinical oversight of the facility in the absence of a clinical manager. The staff numbers for HCAs are insufficient to manage short notice absences and the RN numbers are not always sufficient to meet the roster need. For the period 2021/2022, there was a quick turnover in the CM roles with a period from July -October 2023 where there was no CM.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>The service has recruited two RNs and another two RNs and three full-time HCAs which have accepted offers and are still progressing through the immigration process. The manager stated that the expected timeframe for employment commencement will be June 2023. The service is still actively recruiting. The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, but it becomes challenging when staff are sick or absent on short notice. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents, family/whānau and</p> |
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| | <p>the GP express concerns related to staffing; however, stated that this does not have a significant impact on the care of the residents due to a core of very longstanding and experienced staff.</p> <p>The manager and clinical nurse manager are on site Monday to Friday. There is a clinical coordinator on morning shifts three days a week, supported by two morning RNs seven days a week. There is only one RN on afternoon shift and one on night shift. Where there is not a second RN on a shift, there will be extra medication competent HCAs allocated (when available).</p> <p>There is a regional on-call list. The Enliven GP is available after hours till 9.30 pm. The clinical coordinator is also available as a backup until 9 pm each night and weekends.</p> <p>PSC Enliven has a comprehensive three-year compulsory training programme for registered nurses and healthcare assistants to ensure all requirements are being met. The training schedule for PSC Huntleigh has not been implemented for 2022; however, this is now being implemented and on track for 2023 with Cycle three (health and safety, infection control, abuse and neglect, chemical safety, pain management, skin and pressure injury strategies and prevention, moving and handling, restraint) commenced and completed for the first group in February 2023. The training plan includes learning outcomes specific to the medical conditions related to the YPD residents.</p> <p>Staff completed cultural awareness training in May 2023. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff are encouraged to access the PSC Pae Ora intranet website which provides comprehensive and well-presented information on all aspects of Te Tiriti O Waitangi and health equity.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, cultural safety, and moving and handling. A record of completion is</p> |
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| | | <p>maintained.</p> <p>Additional RN specific competencies include syringe driver, and interRAI assessment competency. Seven of ten RNs are interRAI trained. All RNs are encouraged to complete professional development recognised programme (PDRP). The service is implementing an environment that encourages and support cultural safe care through learning and support. RNs are provided with external learning opportunities when available.</p> <p>There are 32 HCAs employed across the service. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifteen HCAs have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed evidenced employment processes are being followed. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. There are two trainers that assist with staff orientation. HCAs interviewed confirm the orientation to be adequate to equip staff with the relevant skills needed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. There are four volunteers involved in the service (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Staff files are securely stored electronically. Ethnicity data is identified, and an employee ethnicity database is available.</p> |
| Subsection 3.1: Entry and declining entry | FA | Presbyterian Support Central (PSC) Huntleigh's admission policy for |

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| <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | | <p>the management of inquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were Māori residents at the time of the audit. The clinical nurse manager (CNM) reported that ethnicity is collected and collated from the resident electronic record management system. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service is working in partnership with local Māori communities and organisations. The CNM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions are 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>FA</p> | <p>A total of five files were sampled: three hospital (including one funded by ACC, and two young people with physical disabilities (YPD), and two rest home. These identified that initial assessments and interim care plans were resident centred, and these were completed in a timely manner. Appropriate risk assessments, initial interRAI assessments and reassessments have been completed within expected timeframes and outcomes are linked to the care plans. Resident centred care plans have documented interventions that cover all medical and non-medical needs. Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. Care plans are evaluated at least six-monthly and document progression towards achieving goals.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, family/whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff</p> |

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| | <p>confirmed they understood the process to support residents and family/whānau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks.</p> <p>The general practitioners (GPs) complete the residents' medical admission within the required timeframes and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. During interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Any change in condition is reported to the CNM, and this was evidenced in the records sampled. Interviews verified residents and EPOA and family/ whānau are included and informed of all changes.</p> <p>There were 15 active wounds at the time of the audit. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were four residents with pressure injuries on the day of the audit (all stage II). Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plan, and evaluations are documented with supporting photographs.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA and family/ whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting</p> |
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| | | <p>changes. Monitoring charts in use included (but were not limited to): fluid balance charts; turn charts; neurological observations forms; blood glucose monitoring; behavioural; and restraint monitoring charts. All were completed as expected.</p> <p>Residents who were assessed as requiring YPD care had their physical, medical, and social needs identified and managed appropriately.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>PSC Huntleigh employs two full-time recreation officers, one of whom is a qualified diversional therapist (DT) who lead and facilitate the activity programme.</p> <p>The activities programme supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. There are organised celebrations of Waitangi Day and Matariki. Māori language week was celebrated. Celebration photographs were displayed showing staff participation in cultural activities around the facility. During the interview, the DT described in detail the cultural and individualised activities facilitated for Māori, Pasifika, and YPD residents which in conjunction with the documentation reviewed, evidenced meeting the residents' needs and aspirations.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | PA Moderate | <p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (a paper-based 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 GPs complete three-monthly medication reviews. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. A total of 10 medicine charts were reviewed.</p> |

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| | | <p>Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements; however, efficacy of PRNs medication was not being consistently documented as per policy.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</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. The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards. There were no residents self-administering medication on the audit days. There was a self-medication policy in place when required. There were no standing orders in use. The service facilitates young people with disabilities wishing to self-medicate safely.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand and access their medications. This was confirmed in interviews with the registered nurses, residents, and 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> | <p>FA</p> | <p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The food services team leader stated that culturally specific menu options were available and offered to Māori and Pacific residents when required. These included ‘boil ups’ and ‘Island’ food. Enduring power of attorney (EPOA) and family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/family/whānau expressed satisfaction with food portions and the options available.</p> |

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| <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> | <p>FA</p> | <p>A standard transfer notification form from Te Whatu Ora - Capital, Coast and Hutt Valley is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA and 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 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 to ensure the safety of the resident was completed.</p> <p>Interviews with the CNM and registered nurses and a 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 can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 27 November 2023. The service has a part-time maintenance person, who is available on Mondays and Thursdays and is assisted by gardening staff who visits once a month. There are essential contractors who can be contacted 24 hours a day. Repairs and maintenance requests are documented in the maintenance request book and checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule that is maintained. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales, and clinical equipment and testing, which are all current. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius.</p> <p>Management advised future developments would include consultation with local Māori iwi to ensure they reflect the aspirations and identity of Māori.</p> |

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| <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>A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 21 October 1997. Trial evacuation drills have been completed six-monthly and have been added to the training programme. The most recent fire drill occurred on 9 March 2023. The staff orientation includes fire and security training.</p> <p>Residents were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to Huntleigh is currently controlled as a precaution to prevent the spread of Covid-19. External doors and windows are locked at a predetermined time each evening and there is a closed-circuit television and video (CCTV) system monitoring the entrance and communal areas. There is a contracted security company that checks and monitors the facility at night.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. The pandemic response plan was activated at the time of the audit. The response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The infection control lead (RN) was interviewed and confirmed the response plan to be successful. The infection control lead explains part of the response plan include education around hand hygiene, PPE, and linen handling.</p> <p>Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection prevention leader works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood cultural considerations</p> |

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| | | related to infection control practices. |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the PSC Huntleigh infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at senior team, clinical, quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal benchmarking is completed by the manager. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Staff received training in infection control practices.</p> <p>The service receives information from the local Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley for any community concerns. There have been one Covid-19 outbreak and three individual exposure events documented. These were well managed with the implementation of the pandemic and outbreak plans. Residents and relatives are kept informed during outbreaks and exposure events.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The interviewed restraint coordinator stated that the service is committed to a restraint-free environment. They have strong strategies in place to eliminate the use of restraint. The PSC Huntleigh management team is responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and</p> |

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| | | <p>Board level.</p> <p>At the time of the audit, four residents were using restraints. When restraint is used, this is a last resort when all alternatives have been explored. The CNM is the restraint coordinator and has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint committee is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. One YPD resident acts as an advocate, and family/whānau, EPOA and residents were involved in decision-making.</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) |
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| <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> | PA Low | <p>There is an established organisational quality and risk management programme documented. Collation of key performance indicator data occurs and is benchmarked. Meetings have been held according to schedule and meeting minutes evidence discussion around quality data, benchmarking results and associated corrective actions. Corrective actions identified have been closed off when completed.</p> <p>The internal audit schedule for 2022 has not been implemented between April 2022 and December 2022 and key areas have not been audited, including the medication management, complaints, staff files, environment, and restraint. There is an internal audit schedule for 2023 being implemented.</p> | The internal audit schedule has not been fully implemented for 2022. | <p>Ensure the internal audit schedule is fully implemented to monitor key areas of service delivery.</p> <p>90 days</p> |
| Criterion 2.3.1 | PA Low | The roster reviewed is still not fully covered by a second RN as required by the master roster and the | There are insufficient number of RNs and | Ensure sufficient number of staff are |

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| <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>layout of the building. It is difficult to cover weekend HCA absences and staff interviewed explain they work more than their contractual hours to cover absences. Agency staff are not always available, and staff have to work sometimes one short. The weekend prior to the audit there were four HCA absences recorded, not all could be replaced, and the manager worked as an HCA. Residents and family/whānau interviewed confirm weekends are more noticeable when there are staff shortages; however, they felt that this did not have a significant impact on the quality of their daily cares.</p> | <p>HCA's employed to meet the roster needs.</p> | <p>recruited to meet the roster needs.</p> <p>90 days</p> |
| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p> | <p>PA Low</p> | <p>The education and training schedule lists compulsory training (Enliven essentials and clinical topics). There is a comprehensive orientation for new staff where key aspects of the service delivery are covered.</p> <p>PSC Enliven has a comprehensive three-year compulsory training programme for registered nurses and healthcare assistants to ensure all requirements are being met. The training schedule for PSC Huntleigh have not been implemented for 2022 and is being implemented and on track for 2023 with Cycle three (health and safety, infection control, abuse and neglect, chemical safety, pain management, skin and pressure injury strategies and prevention, moving and handling, restraint) commenced and completed for the first group in February 2023. Staff completed cultural awareness training in May 2023.</p> <p>Mandatory topics for 2022 included falls preventions, restraint minimisation, health and safety, nutrition and hydration, and moving and handling.</p> | <p>The mandatory training days for RNs and HCAs have not been implemented for 2022.</p> | <p>Ensure all staff complete the mandatory learning topics as scheduled.</p> <p>90 days</p> |
| <p>Criterion 3.4.1</p> | <p>PA</p> | <p>The medication management policy was current and</p> | <p>Ten medication</p> | <p>Ensure effectiveness</p> |

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| <p>A medication management system shall be implemented appropriate to the scope of the service.</p> | <p>Moderate</p> | <p>in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (a paper-based system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Efficacy of PRN medication was not being consistently documented as per policy requirements.</p> | <p>charts reviewed did not show evidence of consistent PRN evaluations.</p> | <p>of prn medication is consistently documented.</p> <p>60 days</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.

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End of the report.