

Presbyterian Support Central - Longview 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: Longview Home

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

Dates of audit: Start date: 15 May 2023 End date: 15 May 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 54

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are 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 are unattained and of moderate or high risk

General overview of the audit

Presbyterian Support Central Longview provides rest home and hospital level of care for up to 59 residents. There were 54 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The home manager is appropriately qualified and experienced and is supported by an experienced clinical nurse manager. There are quality systems and processes available. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

This audit identified the service meets the intent of the standard.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Longview Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language, dual language signage, movies, entertainers, quizzes, and Māori celebratory events. The service plans to develop community links in order to encourage their workforce to support community initiatives that meet the health needs and aspirations of Māori and whānau.

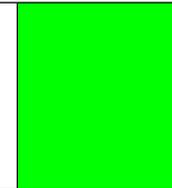
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. Staff apply Māori practices in line with tapu and noa.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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.



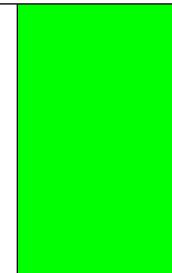
Subsections applicable to this service are fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

There is an approved evacuation scheme and emergency supplies for at least three days.

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.

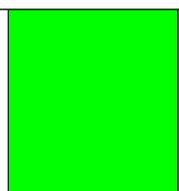


Subsections applicable to this service are fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and Board level. There is an appropriate number of protective personal equipment to manage outbreaks.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been three outbreaks recorded and reported on since the last audit.

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 are fully attained.
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The restraint coordinator is the home manager who is a registered nurse. On the day of audit there were two residents with restraints. The service is following the PSC policy on restraint and is utilising an approach of least restrictive practice while actively working to become restraint free. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	58	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. The home manager stated that they support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Presbyterian Support Central (PSC) – Longview Rest Home. The business plan 2022-2023 documents a cultural strategy that include a commitment to a diverse workforce. At the time of the audit there were staff who identified as Māori employed at the facility.</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>Presbyterian Support Central (PSC) recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented as part of the cultural appropriate service</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>policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan. The Pacific health plan outlines how PSC aims to enhance communication and input in partnership with Pacific communities in the lower North Island region.</p> <p>On the day of audit there were residents who identified as Pasifika. Presbyterian Support Central Longview Rest Home also has several staff who identify as Pasifika.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori and is available in Tongan and Samoan. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The home manager, or clinical nurse manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The home manager described how the Māori Health Strategy adopted by PSC Longview sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. PSC Longview have also adopted the four pathways of the original He Korowai Oranga framework. Māori mana motuhake: self-determination, independence, sovereignty, authority, was evidenced through interviews, resident care plans and in policy.</p> <p>Staff interviewed (two registered nurses (RN), four healthcare assistants (HCAs), one clinical coordinator, the recreation team leader, a laundry assistant, a cleaner, the kitchen team leader (chef) and a kitchen hand) all described ways the staff encourage and support residents to be as independent as possible.</p> <p>The six residents (one rest home and five hospital) and the four (hospital) family/whānau all confirmed residents are encouraged and supported to make decisions (as able) and independence is promoted through all aspects of the service provided.</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 Longview annual training plan demonstrates training that is responsive to the diverse needs of people across the service. Comprehensive cultural awareness training is provided which includes (but not limited to) Te Tiriti o Waitangi, Māori world view (te ao Māori) and tikanga Māori.</p> <p>Te reo Māori is integrated into everyday life at PSC Longview. Communal doors evidence signage in te reo and the monthly activities planner include month names in te reo Māori. The service responds to tāngata whaikaha needs. A pae ora intranet site is available for staff to use as a resource. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo me Ngā tikanga Māori more visible within the organisation. Staff are supported with te reo Māori pronunciation.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. PSC Longview policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A PSC code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSC code of conduct and could describe how this is observed when providing care to residents.</p> <p>The service implements the Eden Alternative model of care. The resident's care plans and integrated records evidence the implementation of this philosophy. This is a strengths-based and holistic model of care and is prioritised in the Māori health plan to also ensure wellbeing outcomes for Māori residents. There are short and long-term objectives in the PSC cultural safety and Treaty of Waitangi expectation policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities.</p>
<p>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</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when</p>

<p>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>planning care. The home manager and clinical nurse manager 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. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</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 relatives on entry to the service. The home manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. There have been five complaints since January 2023.</p> <p>One complaint was lodged through the Health and Disability Commissioner (HDC) dated 16 December 2022, with appropriate information provided to the HDC on 17 February 2023.</p> <p>There have been four complaints received since the previous audit. All complaints reviewed demonstrated a complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution in accordance with guidelines set by the HDC.</p> <p>The home manager described the complaints process and support for any Māori residents or whānau wishing to make a complaint. The service provides support to accommodate feedback and complaints by and for Māori. This includes information and access to kaumātua and advocates, and use of culturally appropriate protocols during kōrero such as opening and closing Karakia (sighted).</p> <p>Staff on interview confirmed they are informed of complaints (and any subsequent corrective actions) in clinical quality meetings and all-of-staff meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p>

		<p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are usually held monthly; however, phone and email complaints or suggestions are welcome. Communication is maintained with individual residents with updates at activities and mealtimes and one on one reviews. Residents/relatives making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>PSC Longview is part of Presbyterian Support Central (PSC) – Enliven, and is located in Tawa, Wellington. Presbyterian Support Central oversees fourteen aged care facilities across the lower North Island. PSC Longview provides hospital and rest home level of care for up to 59 residents. All beds are dual purpose.</p> <p>On the day of the audit, there were 54 residents. There were 45 residents were receiving hospital level care, including five residents funded by the Accident Compensation Corporation (ACC), and one resident funded as a young person with a disability (YPD); and nine receiving rest home level care on the age-related residential care contract (ARRC).</p> <p>PSC Longview has an overarching strategic plan (2020-2025) in place with clear business goals to support their Enliven philosophy. The Enliven principles of care are based on the Eden alternative which aims to promote positive ageing. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā. The business plan (2022-2023) includes a purpose, values, and priority objectives with site specific goals.</p> <p>PSC has a Board of eight directors which includes Pacific representation and a position for Māori. There is a current vacancy for the Māori representation position on the PSC Board. The position includes providing advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes</p>

	<p>for tāngata whaikaha. The PSC executive confirmed there is a 'roles and responsibilities' framework for directors and this is documented in the Trust Charter. Each member of the Board has their own expertise, and some are appointed by the Presbyterian Church. The Board receives a director's report monthly from the general manager and clinical director. Three nurse consultants support the clinical director. 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. PSC Enliven Wai Ora learning package and Whanau Ora Te Reo education and dictionary is readily available to all staff.</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.</p> <p>The Board is committed to 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 mō e kai 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). 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 Pasifika staff.</p> <p>The quality programme includes a quality programme policy and quality goals (including site specific business goals) that are reviewed monthly in clinical focused (quality) meetings and quality action forms that are</p>
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		<p>completed for any quality improvements/initiatives during the year. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through six-monthly resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The Enliven general manager has over 16 years' experience with PSC. The home manager (registered nurse) has managed PSC Longview since 2019 and has post graduate qualifications in nursing and broad clinical and health sector experience. Prior to this, the home manager worked in secondary care, and aged care as a clinical nurse manager, and more recently as a manager of rehabilitation services for ACC. The home manager is supported by a clinical manager and a clinical coordinator, both of whom are registered nurses. The clinical manager has worked as a clinical manager for PSC since 2008. The manager has completed more than eight hours of training related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>PSC Longview has an established quality and risk management programme. The programme includes performance monitoring and benchmarking through internal audits and through the collection, collation, and analysis of benchmarking of clinical indicator data. This includes bi-weekly senior team meetings, monthly clinical meetings, and monthly staff meetings. They provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Results and trends from internal audits and incidents are presented at the monthly clinical and staff meetings. Quality data is collated, documented, and presented at meetings. Corrective actions identified through internal audits and analysis of data is also documented where indicated to address service improvements and discussed at all meetings. Quality data and trends in data are posted on quality noticeboards, located in the staffroom and nurses' stations. Progress on corrective actions is discussed at senior team, clinical and staff meetings to ensure any outstanding matters are addressed with</p>

	<p>sign-off when completed. Enliven uses an internal benchmarking system utilising information from the electronic registers. This benchmarks indicators across all Enliven Central homes, and all levels of care.</p> <p>PSC Longview implements improvement plans when the home is above benchmarks in any area. PSC also benchmarks with other aged care providers on some key clinical indicators such as falls, polypharmacy, fractures, restraints, and interRAI assessments. This information is used for quality improvement projects within the organisation.</p> <p>Quality initiatives are: to maintain a Covid-19 free environment; restraint free; enhancing resident welfare through an upgrade of bathroom and outdoor areas; incorporating the use of te reo into support plans for Māori residents are documented; and staff and resident education is monitored and recorded at regular intervals.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and are updated. New policies or changes to policy are communicated to staff. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>The September 2022 resident and family/whānau satisfaction surveys indicated high level of satisfaction with the service, with 80% rating the service as excellent or very good. Results for 2022 have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>Health and safety systems are in place with an annual identified health and safety goal that is directed from head office. Health and safety are part of all staff and senior management meetings. The home manager is the health and safety representative, and other staff have completed level one and two health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register has been maintained. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues.</p>
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		<p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required.</p> <p>Eight accident/incidents were reviewed. Incident and accident data is collated monthly and analysed. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form in the electronic system.</p> <p>Discussions with the home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed (from the previous audit in July 2021) to notify HealthCERT around issues relating to family/whānau aggression involving police intervention and two related to RN cover. There have been three Covid-19 outbreaks documented since the last audit.</p> <p>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.</p> <p>All staff have completed cultural safety training and competency to ensure a high-quality service is provided for Māori. Ethnicities are documented as part of the resident's entry profile and quality indicator data is analysed for comparisons and trends to improve health equity. As part of the overall annual review of the quality programme, the service reviews annual education and competence programme. Staff are supported to learn te reo Māori and e-learning material and resources are available on the intranet.</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</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, activity staff and a number of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirm that overall staffing is adequate to meet the needs of the residents. A review of the rosters reflected an RN rostered on site 24/7.</p> <p>The home manager and clinical manager are on site Monday to Friday. On call is covered by the manager and clinical manager on rotation and</p>

<p>services.</p>		<p>from a sister facility as necessary. Good teamwork amongst staff was highlighted during the healthcare assistants and RN interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</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, which is coordinated by two trainers. The structure includes a booking system for the RN component and training resources. The education and training schedule lists compulsory training (Enliven essentials and clinical topics), which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Additional RN specific competencies include syringe driver and interRAI assessment competency. Both the home manager and clinical manager at PSC Longview are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available.</p> <p>The PSC intranet has extensive resources relating to Māori health equity data and statistics available to staff. The service is implementing an environment that encourages and support cultural safe care through learning and support. 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>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored electronically. Six staff files reviewed evidenced the recruitment process is being implemented.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (eg, restraint manager, infection control manager).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented, and all staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>All staff information is held securely. Ethnicity data is identified, and an employee ethnicity database is available.</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</p>	<p>FA</p>	<p>Records are maintained of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, including ethnicity. The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori. The service engages with local kaumātua, who are available to provide support to residents and whānau as required. The clinical nurse manager interviewed report they also work with Māori health practitioners, traditional Māori healers,</p>

<p>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>and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</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>Five electronic resident files were reviewed: three hospital (including one resident funded by ACC; one YPD) and two rest home. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plans were completed for all residents (including ACC and YPD), detailing needs and preferences. Each care plan was reflective of assessment outcomes, and individualised. InterRAI assessments had been completed for all residents. Long-term care plans were then formulated within the required timeframes. Documented early warning signs meet the residents' assessed needs. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Care plan interventions are holistic and align with the Eden Alternative model of care. Short-term care plans are developed for acute problems (eg, infections, wounds, and weight loss). Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family are informed where there is a change in health status. The service supports Māori and whānau to identify their own pae ora outcomes in their care plan.</p>

		<p>The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits the facility twice-weekly and as required. Documentation and records reviewed were current. The GP interviewed expressed their satisfaction with the service and stated that they were informed of residents' health concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits facility monthly and on request to review residents referred by the registered nurses.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The clinical progress notes are recorded and maintained on the electronic resident management system. Monthly observations such as weight and blood pressure were completed and are up to date. A range of monitoring charts are available for the care staff to utilise. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift. The incident/ accident reports reviewed identified opportunities to minimise future risks are identified by the home manager who reviews every adverse event. Individual falls prevention strategies are in place for residents identified at risk of falls. Neurological observations are recorded following all un-witnessed falls.</p> <p>There is a Māori health care plan available should any resident identify as Māori which describes the support required to meet their needs.</p>
Subsection 3.3: Individualised activities	FA	Longview facilitates opportunities for Māori to participate in te ao Māori

<p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>through the use of Māori language, dual language signage, traditional crafts, movies, entertainers, quizzes, and Māori celebratory events. The service is developing links with local iwi in order to facilitate support of community initiatives that meet the health needs and aspirations of Māori and whānau. There is spiritual support provided by local churches, a pastor and pastoral volunteer, and residents attend other services externally according to their preferences.</p> <p>Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available.</p> <p>Residents and family/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident surveys.</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>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The clinical staff who administer medications could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and in locked medication trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use have been reviewed and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication</p>

		<p>charts three-monthly and each drug chart has photo identification and allergy status identified. There were no residents self-administering medications, no vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses could describe the process for working in partnership with any Māori residents and whānau who may enter the service, in order to ensure appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Kitchen staff receive individual resident's dietary and cultural food preferences on admission to the facility. The food services team leader interviewed reported they accommodate residents' requests. The HCAs interviewed understood basic Māori practices and the kitchen staff were observed implementing processes in line with tapu and noa. The food services team leader stated the kitchen can provide cultural dishes, including those specific to culturally specific to te ao Māori, with dietary preferences documented, and gave examples including hāngi, steamed kumara and other culturally appropriate dishes. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

coordinate a supported transition of care or support.		
<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 buildings, plant, and equipment are fit for purpose at PSC Longview and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 21 March 2024. There is a maintenance request book for repair and maintenance requests located at reception. Equipment failure or issues are also recorded in the handover book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. The service is aware of the need to consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place, and this happens via PSC head office.</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>The facility has an approved fire evacuation plan and fire drills take place six-monthly.</p> <p>The building is secure after hours, with staff completing security checks at night. Covid-19 protocol ensures visitors sign in and provide contact details during visits.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>There are infection, prevention, antimicrobial programme, and procedural policies that include the pandemic plan. The pandemic plan is available for all staff and includes scenario-based training completed</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>at intervals. Personal protective equipment stock balance is maintained to support any outbreaks. There are readily available isolation kits available. There is a large supply of personal protective equipment (PPE) stock available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p> <p>All staff have completed cultural safety education, and staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. The service has educational resources related to infection prevention and control available in te reo Māori.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 organisation's control policies and procedures. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the clinical, quality, and staff meetings.</p> <p>There have been three outbreaks since the previous audit (Covid-19 in May, October, and December 2022). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and families/whānau were kept informed by phone or email. Visiting was restricted.</p>
Subsection 6.1: A process of restraint	FA	The service is committed to providing services to residents without the

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau and residents, and the choice of device must be the least restrictive possible. The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint were being considered in the facility.</p> <p>The designated restraint manager is the clinical manager. The restraint manager interviewed described the focus on moving towards a restraint-free environment. On the day of audit there were two residents utilising restraints (one bed rails, and one lap belt). A review of the two resident's care plans confirmed that decision making in relation to use of restraint followed PSC restraint policy.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme. The restraint policy and organisational plan both identify the organisations approach to eliminating restraint. Reports to governance include restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint. The use of restraint is reported at facility 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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.