

# Living Waters Medical Solutions Limited - Springvale Manor

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Living Waters Medical Solutions Limited
<b>Premises audited:</b>	Springvale Manor
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 6 July 2023      End date: 7 July 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	23

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Springvale Manor Rest Home is part of Living Waters Medical Solutions Limited and provides rest home and dementia levels of care for up to 27 residents. There were 23 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora Health New Zealand - Whanganui. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, general practitioner, and management.

The facility manager is experienced and is supported by the owner, registered nurses and enrolled nurses, administrator, and experienced caregivers.

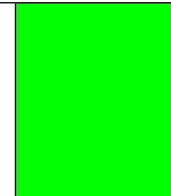
Feedback from family/whānau was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

The service completed several environmental improvements and upgrades.

This certification audit identified improvements required implementation of aspects related to the quality and risk system, care plan process, implementation of the medication management system, the environment and restraint processes.

## 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.

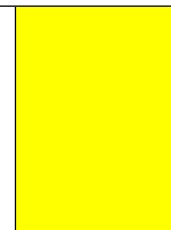
Springvale Manor provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were three Māori residents at the time of the audit. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that family/whānau are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints are managed appropriately.

## 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.

Living Waters Medical Solutions Limited, Springvale Manor, has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager, supported by registered nurses, oversee the day-to-day operations of the service. The business plan includes a mission statement and operational objectives. Springvale Manor has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are developed where opportunities are identified. Health and safety and hazard management systems are implemented.

There are human resources policies including recruitment, selection, orientation and staff training and development. There is a staffing and rostering policy which aligns with contractual requirements and includes skill mix. Human resources are managed in accordance with good employment practice. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<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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Relevant information is provided to the potential resident and their family/whānau. The registered nurse is responsible for each stage of service provision. Medication policies and procedures reflect legislative requirements and guidelines. Annual medicine administration competencies are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The trainee diversional therapist provides and implements the activity programme which includes outings, entertainment, and meaningful activities.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan. There are nutritious snacks available 24 hours a day.

Residents are transitioned 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilize within communal areas. Appropriate training, information, and equipment for responding to emergencies are being provided. A staff member trained in first aid is rostered twenty-four hours per day

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. COVID-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There were no COVID-19 outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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The restraint coordinator is the registered nurse. There was one resident who was using a restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan. Staff maintain restraint competency.

## 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	4	3	0	0
Criteria	0	161	0	5	8	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

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. The Māori health plan and cultural safety policies acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The policy encourages family/whānau involvement in assessment and care planning and visiting is supported, evidenced during interviews with six families, four of whom had relatives in dementia care level and two with residents in rest home care level. Springvale Manor is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible.</p> <p>During the audit, there were three residents who identified as Māori living at the facility. The Māori residents were observed and their whānau were available for interview during the audit. There is a cultural assessment which links to the resident’s care plan; however, there is no documented evidence of input from the whānau into the</p>

		<p>assessment and care plan (link 3.2.4). Documentation in the resident records reflected their individual values and beliefs.</p> <p>The facility manager interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan documents the commitment of Springvale Manor to build cultural capabilities, partnering with Māori, and other businesses to align their work with and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. The facility manager described how at a local level they have established relationships with the Māori community, local iwi, and Māori community disability services in Whanganui. Linkages are in place with Rānana marae and a kaumātua is available on request through the Haumoana team at Te Whatu Ora -Whanganui.</p> <p>Springvale Manor encourages increasing the Māori capacity within the workforce; the good employer policy documented the leadership commitment. The facility manager confirmed that the service supports a Māori workforce with four staff identifying as Māori at the time of the audit. One Māori care staff interviewed stated that they speak te reo Māori to residents who can understand them, and such interaction was observed on the day of the audit. The facility manager stated that she always allows her Māori staff to be given time off work to attend a tangi (funeral).</p> <p>The facility manager, and six care staff interviewed (one RN, four care givers (CG), one diversional therapist in training) were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved</p>	<p>FA</p>	<p>Springvale Manor has a Pacific people's 'health of Pacific peoples in Aotearoa is everyone's business' policy. The policy notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. There is a cultural safety policy that aims to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pasifika staff.</p> <p>On admission, all residents state their ethnicity. Although there were no residents who identified as Pasifika, the manager advised that family</p>

<p>health outcomes.</p>		<p>members of Pasifika residents will be encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan. The service is working on fully developing a Pacific health plan underpinned by Te Whatu Ora Pacific Health and Wellbeing Plan 2020-2025.</p> <p>The service is actively recruiting new staff (with one arriving shortly from Fiji with their family). The facility manager encourages and supports any staff that identify as Pasifika through the employment process. There were two staff that identified as Pasifika at the time of the audit. The facility manager stated that Pasifika staff are always given Sundays off work due to their church commitments. Interviews with staff, families; and documentation reviewed identified that the service provides person-centred care.</p> <p>Living Waters Medical Solutions director is committed to continuing to gain input from Pacific communities that will focus on achieving equity and efficient provision of care for Pacific peoples. The director supports the active recruitment of Pasifika 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 and consents obtained related to residents' support needs.</p> <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager discusses aspects of the Code with residents and their relatives on admission. Six family/whānau and four residents interviewed reported that the service respects and upholds residents' rights. They confirmed that the residents are treated with respect and that their independence is supported and encouraged. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and</p>

		<p>their family/whānau. There are links to spiritual supports. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held regularly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>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>The Springvale Manor annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to Tāngata Whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whanau and residents confirmed that residents and families are treated with respect.</p> <p>The healthcare assistants interviewed described how they support residents to choose what they want to do. Families and caregivers interviewed stated the residents are given choice.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. At the time of the audit, all rooms were single occupancy. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred, and respectful language with residents. Family/whānau interviewed were positive about the</p>

		<p>service in relation to their whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission and is integrated into the residents' records. Spiritual needs are identified, church services are held, and spiritual support is available.</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>The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure well-being outcomes for Māori are prioritised.</p> <p>The Māori health plan and the discrimination, racism, human rights, and sexual harassment policy reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. There are educational resources available.</p> <p>The resident safety, neglect and abuse prevention policy is in place. Springvale Manor policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete Code of Conduct and Abuse and Neglect as part of the annual training, and the education encourage reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they encounter.</p> <p>Staff rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct policy addresses harassment, racism, and bullying.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All</p>

		<p>residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The families interviewed confirmed that the care provided to their family members is excellent.</p> <p>Police checks are completed as part of the employment process. This document is retained in their staff file. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>The philosophy of Springvale Manor promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori residents and staff.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified that family/whānau were not always updated following incidents for six of thirteen incident reports reviewed for May and June 2023 (link 2.2.2).</p> <p>Information is provided to residents/relatives on admission. Interviews with residents, family/whānau confirmed that they were updated of resident needs changes. Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak and understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement. There</p>

		<p>is information available to family/whānau related to dementia care and how the facility manage behaviour that is distressing.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice Whanganui and Te Whatu Ora-Whanganui specialist services (e.g., physiotherapist, district nurse, dietitian speech-language therapist, mental health services for older adults, and pharmacist). The delivery of care includes a multidisciplinary team and enduring power of attorney (EPOA) or family/whānau provide consent and are communicated with regarding services involved. The facility manager and the RN described an implemented process around providing residents with support from family/whānau time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through phone calls and felt informed regarding events or other information, but these conversations were not consistently documented. Regular family/whānau meetings did not occur as planned since the last audit (link 2.2.2). Staff have not completed annual education related to communication with residents with cognitive disabilities (link 2.3.4)</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	FA	<p>A policy that guides informed consent is in place and includes guidance on advance directives. Informed consent processes were discussed with family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by enduring power of authority (EPOA) for procedures such as influenza and COVID-19 vaccines. Relatives interviewed could describe what informed consent was and their rights around choice. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p>

<p>to exercise independence, choice, and control.</p>		<p>The admission agreement is appropriately signed by the resident or the EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated for all residents assessed by a medical practitioner as incompetent to make informed decision. Certificates of mental incapacity signed by the GP were also on file. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</p> <p>Discussions with relatives confirmed that they are involved in the decision-making process, and in updates related to resident 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>There is a documented process to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. Only one complaint was received since last audit. This complaint was received through the Health and Disability Commissioner on 20 June 2023 from the EPOA of a former resident related to an incident that occurred while the resident was still in care at Springvale Manor. The facility manager and managing director are in the process of investigating the issues and are due to provide all required information to HDC by 1 August 2023.</p> <p>The facility manager provided a sample of documentation including follow-up letters that are used to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints register documentation evidence complaints can be allocated a theme and a risk severity rating. The facility manager stated they are confident in investigating and provide a root cause analysis when they do receive serious complaints.</p> <p>Family/whānau confirm during interview the facility manager is</p>



		<p>available to listen to concerns and acts promptly on issues raised. Family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern or compliment. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p> <p>The facility manager stated that she addresses concerns as they arise. Staff are informed of complaints (and any subsequent corrective actions) in the staff and clinically related meetings (meeting minutes sighted).</p>
<p><b>Subsection 2.1: Governance</b></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>Springvale Manor is part of Living Waters Medical Solutions Limited and is located in Wanganui. There is one other aged care facility owned by the provider that provides 21 care beds. Springvale Manor provides rest home and dementia level of care for up to 27 residents. There were 23 residents at the time of the audit (4 rest home level, 19 dementia level). All the residents were on the aged related residential care contract (ARRC). There were no residents on respite care.</p> <p>Springvale Manor has a business plan (2023) in place, which links to the Living Waters Medical Solutions Limited’s vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Springvale Manor business plan was reviewed in February 2023.</p> <p>There is a managing director (owner) who took ownership of Springvale Manor 10 months ago (2022) and oversees the operations of the two facilities. The executive director (interviewed) has extensive business experience and understands their responsibility in the implementation of health and disability services standard and</p>

	<p>explained their commitment to Te Tiriti obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan Scope and Review section of the Business Quality and Risk Management Plan. The Māori Health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The managing director is supported by and works closely with the general practitioner, facility manager and the RN to ensure management of the service is in keeping with the relevant standards and legislation. A recently formed clinical governance team which comprises of three GP, the RN, the facility manager and two practice nurses; is currently working on formalising roles for governance with the managing director.</p> <p>The governing body continues to work to strengthen alliances the parent company Living Waters Medical Solutions Limited has with Māori stakeholders and community groups to include Springvale Manor. Relationship has been built with Rānana marae and work is now in progress to formalise governance input. Māori stakeholders internally within the team have been identified with formalisation being completed to become consultation partners and fill the capability gap at governance.</p> <p>The working practices at Springvale Manor is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family /whānau and the wider community. There is a communication policy that addresses meeting requirements and communication between management, staff, residents and family/whānau. Interview with family/whānau stated they are informed of what is happening within the facility and the care of their whānau through phone calls however these were not always documented. (link 2.2.2.)</p> <p>The facility manager oversees the implementation of the business strategy, quality plan, at Springvale Manor. The facility manager meets regularly with the managing director to discuss progress updates on various topics including quality data analysis, escalated complaints, human resource matters and occupancy. She is supported by an administrator, the RN, and experienced caregivers. The RN who provides clinical oversight of the service provision at Springvale Manor but does not provide on-call cover. Currently, the facility manager (non-</p>
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		<p>clinical) provides on-call after-hour cover.</p> <p>The facility manager has completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Springvale Manor House is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. There are quality focussed goals documented and the progress are reviewed, monitored, and evaluated at meetings.</p> <p>The quality system and resident files are paper based. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education; with opportunities discussed to minimise risks that are identified. Corrective action plans are identified and well documented; however, there is no evidence of corrective actions following internal audits being followed up, evaluated, and signed off to demonstrate conformity with expected standard. Staff/quality meetings are taking place as planned to address service improvements. Quality data and trends captured in minutes are posted on a noticeboard, located in the nurses' station. Internal audits were completed as per schedule and staff were informed of the outcome.</p> <p>A documentation review on site was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. The policies reflect updates to the Ngā Paerewa service standards NZS8134:2021. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Springvale Manor has adopted the quality system and policies developed by an aged care industry leader. It is the facility manager's responsibility to</p>

	<p>provide document control that is site-specific. The facility manager reviewed the policies in June 2023 and a printed and electronic suite of policies are available to all staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies.</p> <p>The communication policies document guidelines for Tāngata whaikaha to have meaningful representation through monthly resident and family/whānau meetings, complaints management system and annual satisfaction surveys. Family/whānau meetings had not occurred since the last audit; there was no documented evidence that a family/whānau satisfaction survey for 2022 occurred.</p> <p>The facility manager has an open and transparent decision management process that includes regular staff meetings and correspondence to family/whānau either when they visit the facility or through emails as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with six family/whānau on the day of the audit.</p> <p>A health and safety system is in place. There is a health and safety representative that provides a monthly report to be discussed at staff/quality meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. The noticeboards in the nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months. Health and safety training begins at orientation and continues annually. Each staff is assessed on their competency regarding health and safety via a questionnaire they must complete annually.</p> <p>Each incident/accident is documented in hard copy. Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears). Neurological observations are consistently recorded for unwitnessed falls. Family/whānau were not always updated following incidents for six of thirteen incident reports reviewed</p>
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		<p>for May and June 2023. Opportunities to minimise future risks are identified by the RN in consultation with the staff. Incident and accident data is collated monthly and analysed. Benchmarking activities occur by doing comparisons between months; however internal benchmarking between facilities or other organisations do not occur. Results are discussed in the staff meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Quality data analysis occurs to ensure a critical analysis of Springvale Manor practice to improve health equity.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were two events (pressure injury, fracture) that required notifications to HealthCERT. Employment of the RN to provide clinical oversight for the service was notified by the facility manager to the portfolio manager (notification was not sighted). There were no COVID-19 outbreaks recorded since the last audit.</p> <p>A Food Control Plan audit was completed with no corrective actions required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>When the facility manager is absent, the RN carries out all the required duties under delegated authority. The facility manager is on site Monday to Friday and provide on call 24/7. The service employs a full time RN on each dayshift from Monday to Friday. The RN, who graduated in 2021 and has previous experience in aged care, works in a full-time capacity and is responsible for every stage of care provision except interRAI assessments. She has been in her role for nine weeks. The second RN is interRAI qualified and completes all interRAI assessments for the service on a contractual basis.</p> <p>The number of caregivers is sufficient to meet the care needs of the</p>

	<p>residents. Absences can be covered by staff working extra hours. Interviews with staff confirmed that although they are busy, overall staffing of care givers is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff. Springvale Manor was recently accredited by immigration New Zealand and were in the process of recruiting more staff from overseas at the time of the audit to fill in vacancies. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau received emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the staff / quality meetings.</p> <p>There are medication competent caregivers on morning, afternoon, and night shifts to perform medication administration duties. Springvale Manor, with four rest home level and nineteen dementia level residents, is staffed with three (eight-hour shift) caregivers in the morning and afternoon shifts and two caregivers on at night. The facility manager is on-call when not available onsite. There is a separate team of laundry, cleaning, and kitchen staff to perform non-clinical duties.</p> <p>There is a documented annual training programme that includes clinical and non- clinical staff training that covers mandatory topics. Training and education is provided monthly and include guest speakers. However, the training schedule / programme has not been fully implemented since last audit (link 2.3.4).</p> <p>The RNs and enrolled nurse meet their training requirements through Te Whatu Ora training and training sessions held in-house.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff have cultural awareness training scheduled for 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, health equity and disparities through sharing of high-quality Māori health information.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Five staff files reviewed (RN, two caregivers, the diversional therapist (trainee) and a cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (e.g., RNs, ENs, GPs, pharmacy, podiatry). There is an appraisal policy and appraisal schedule as part of human resources and employment policies. All staff who have been in employment for</p>

		<p>more than 12 months had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support the RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p> <p>Staff wellness is given priority. Staff complete wellness training (Finding Balance: Te Whare Tapa Whā). The facility manager supports staff in their requests for time off work including Māori staff attending three-day tangi for whānau. Pasifika staff are not asked to work on Sundays so that they can attend church. Staff interviews confirmed that they appreciate the support that is offered to them in respect of their values and beliefs.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy format. Any electronic information (e.g., meeting minutes, business plan) is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration; however, there were no medical notes and test results saved or documented in the five resident records reviewed (link 3.2.3). Records are uniquely identifiable, legible, and timely. Specimen signatures is available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely destroyed. The facility manager is the privacy officer for Springvale Manor and must approve request for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). The service</p>



		is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Entry to the service to Springvale Manor is usually a family/whānau initiated process. If a bed is available and the resident fits the services admission criteria, admission is accepted by the facility manager. A copy of the NASC referral is available digitally through e-mails from the local NASC agency; however, the level of care confirmation from the NASC agency was not kept as part of the resident's record and was not available for auditors to review. This was the case for one resident who was previously under respite care, and prior to the ending of respite care, was admitted into long-term care, but there was no evidence about the date of long-term care admission (link 3.2.1.).</p> <p>The admission policy details the management processes for declining a resident into the service. The facility manager advised that they have not declined entry to the service.</p> <p>The service works in partnership with Māori communities and organisations. There are three Māori staff employed in the service across service levels, and many other staff members are also connected to Māori whānau and local Māori organisations. Interviews with staff confirmed this. The facility manager stated that Māori health practitioners and traditional Māori healers would be consulted for residents and whānau who may benefit from these interventions when required.</p> <p>There is no process in place yet around the routine analysis of entry–decline rates for Māori.</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>	PA Moderate	<p>There are policies and procedures around models of care that ensures that the resident have individualised support that meets the physical, cultural, spiritual, and social dimensions and aspirations of the resident's wellbeing. Springvale Manor employs two RNs. One RN, who graduated in 2021 and has previous experience in aged care, works in a full-time capacity and is responsible for every stage of care provision, except interRAI assessments. She has been in her role for nine weeks. The second RN is interRAI qualified and completes all</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>interRAI assessments for the service.</p> <p>The residents and family/whānau consent to the assessment and care planning process. Signed consent forms were available in the residents' records reviewed. On entry, a range of nursing assessments were completed, however current interRAI assessments were not in the resident files. There are cultural guidelines used to complete Māori health and wellbeing assessment tools to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process, but these assessment tools were not fully utilized. There were three Māori residents in the service. The clinical records of two Māori residents were reviewed, neither of the records were fully completed and interventions were brief or none (link 3.2.3). Polices refer to Te Whare Tapa Whā model of care, however, residents' records lacked information about residents who identify as Māori and the resident's and/or their whānau's pae ora goals and outcomes were not documented.</p> <p>Care provision documentation timeframes were not met. Initial assessments and care planning, long-term care plans, and evaluations were not always completed within the required timeframes (link 3.2.1 and 3.2.5). Management of specific medication was not documented, and there was no evidence of systematic monitoring and regular evaluation of responses to acute risks related to this. Behaviour assessment and monitoring tools had been completed in the files of residents with behaviours that challenge.</p> <p>There is a contracted general practitioner (GP) who visits the service at least once a week and more often if required; the GP is also available on call. Medical visits and reviews were not always documented in the residents' record nor test results available. Therefore medical service timeframes were unable to be reviewed. Referrals to the physiotherapist were completed where required, and a podiatrist visits regularly. During the interview, the GP expressed satisfaction with the communication process and services provided by the RN and caregivers and confirmed that they receive timely referrals and that required follow-ups are completed.</p> <p>A range of equipment and resources were available and suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed were very happy with the</p>
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		<p>care provided and the support they received. The whānau of two Māori residents were interviewed. They stated that care was provided in a manner that respected their mana, and their access to support was encouraged. This was evident in one file where a Māori interpreter was available for a resident during a medical specialist review.</p> <p>The staff interviewed confirmed they understood the process of supporting residents and whānau when required.</p> <p>There was one resident with a stage 2 pressure injury which developed prior to admission. Wound assessments and reviews were completed in a timely manner, and documentation shows that the wound is healing.</p>
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Springvale Manor employs a trainee DT to deliver the activities programme five days per week. Saturdays and Sundays have caregivers facilitating activities that have been pre-prepared by the trainee DT.</p> <p>The trainee DT was interviewed and discussed the weekly programme that included a range of activities suitable for the residents. Planned outings to the community occur for shopping and/or sightseeing and these are scheduled two weekly.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and staff.</p> <p>Each resident has a 24-hour individual-activities care plan which contains strategies for diversion and de-escalation should these be required. The activity plans sampled were comprehensive and had been reviewed at least six-monthly. Two rest home residents go through to the main (dementia) unit for joint communal activities. The two other residents remained in their room and rest home common living/dining space. The trainee DT confirms one-to-one activities with these residents.</p> <p>Themed days such as Matariki, Waitangi Day, and ANZAC Day are</p>

		<p>celebrated with appropriate resources available. Cultural-themed activities include the use of Māori music, language and TV/film. The use of te reo Māori for everyday use is encouraged. Families/whānau interviewed spoke positively of the activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet current guidelines. There is an electronic medication management system in place. Ten (10) medication charts reviewed (four rest home, and six dementia care) met legislative prescribing requirements. All medication charts had photographic identification and sensitivity and allergy status documented. The GP has reviewed the medication charts three-monthly.</p> <p>The RN, EN and caregivers who administer medications have been assessed for competency on an annual basis. Medications are checked on delivery by the RN. All medications are stored safely. The medication room air temperature is not monitored. There were no residents self-medicating on the day of audit, but processes were in place to allow this. Regular and pro re nata (PRN - as required) medications are administered by caregivers without clinical follow up by the RN when next on duty. All medications are checked at least monthly, and no expired medications are kept on site.</p> <p>There was a controlled drugs safe, but there were no residents requiring controlled drugs, and no controlled drugs were on-site during the audit. Standing orders were not used at Springvale Manor. Medication errors were reported, and follow-up was completed. A review of medication error reporting showed the number of missing drugs which was reported to the Police.</p> <p>Residents, including Māori residents and their whānau, are supported to understand and access their medications, and this was confirmed by the residents and their whānau during interviews. Culturally specific medicines and over-counter medicines are considered as part of the resident's medication and, if in use, these would be documented on the resident's electronic medication management file. There were no culturally specific medicines or over-counter medicines in use at the time of the audit.</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>There was a current food control plan that had been verified until 29 September 2023. The current menu was approved by a registered dietician in February 2023.</p> <p>The kitchen is situated centrally, with meals being served directly from the kitchen into both the rest home and dementia unit dining rooms. A tray service to residents’ rooms is also available as required. Auditors observed that the dining room space was adequate, and all residents received their meals with dignity.</p> <p>Prepared food was covered, dated, and stored in the refrigerator. Cleaning records of the kitchen and its appliances were completed daily. Refrigerator and freezer temperature records were maintained, and records verified these were within acceptable parameters. Staff were observed to be wearing the correct personal protective clothing. End-cooked and or serving temperatures are taken on each meal.</p> <p>Each resident had a nutritional assessment completed by the RN on admission. Individual dietary requirements were documented in the resident’s clinical file, and a copy of this information was sighted in the kitchen. Supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen is run by two cooks and two cook assistants. The cook interviewed was knowledgeable about the consideration of cultural values and beliefs, including Māori practices in line with tapu and noa. There were three Māori residents residing in the service on the day of audit but there were no menu items specific to te ao Māori available for them.</p> <p>Nutritious snacks and finger foods are available for the residents at any time of the day or night. Family and whānau at times, bring food with cultural significance to a resident/s, and residents go out with whānau for meals/kai and celebrations. The kitchen staff had food handling training.</p> <p>Residents and family/whānau interviewed spoke positively about the food service and confirmed that any feedback was accepted and implemented.</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>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support, Te Whatu Ora - Whanganui Haumoana team or kaupapa Māori agencies where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Springvale Manor has a building warrant of fitness which expires on 22 June 2024.</p> <p>A preventative maintenance programme is in place; however, it is not fully implemented. The planned maintenance schedule includes electrical testing and tagging, calibrations of weigh scales and clinical equipment and these have been completed. The service has a standing and sling hoist to assist residents in emergency situations, these were recently checked, and are functional. Monthly hot water tests are completed by the facility manager for resident areas and maintained within acceptable levels. Deficits in the planned maintenance programme refers to refurbishment of the facility.</p> <p>Residents' rooms are of differing sizes and rest home rooms are large. All rooms allowed space for the use of mobility aids and moving and handling equipment. Rooms are personalized according to the resident's preference. Spaces were culturally inclusive and suited the needs of the resident groups. All rooms have external windows which can be opened for ventilation. A central heating system is in place. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility,</p>

		<p>including a separate facility for staff and for visitors.</p> <p>There is an external area available for the recreation and leisure activities of rest home residents. A secure external area is available to residents who reside in the dementia unit but access to this is limited and egress from this for emergency purposes is compromised.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Staff interviews confirmed that they have adequate equipment to safely deliver care for residents.</p> <p>The service is not planning any major refurbishments; however, a governance interview confirmed that they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori. There is Māori art and signage in the facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Springvale Manor does not have a copy of fire evacuation plan that has been approved by the New Zealand Fire Service. Fire drills are scheduled six monthly and the last fire drill on 24 May 2023 was not passed due to a secure door (link 4.2.1). The service uses cell evacuation from one area to another. The orientation programme and annual education and training program include fire, emergency, and security training. Staff interviewed confirmed their understanding of emergency procedures.</p> <p>Civil defence and pandemic supplies are stored in an identified cupboard. In the event of a power outage, there is back-up power available and there is a gas cooking facility. There are adequate supplies in the event of a civil defence emergency including over 250 litres of stored water. A minimum of one person with current competence in first aid is always available.</p> <p>There are operational call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Families/whānau interviewed confirmed that call bells are answered in a timely manner, and this was observed during the audit.</p>

		Staff complete security checks at night.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Springvale Manor business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health and Te Whatu Ora - Whanganui. Infection control (IC) and AMS resources are accessible.</p> <p>The facility IC committee is part of the monthly staff/quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. The minutes are available for all staff to access. Any significant events are managed using a collaborative approach involving the committee, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues to governance.</p> <p>The IC coordinator and the committee oversee infection control and prevention across the service. The job description outlines the responsibility of the IC coordinator role. The IC programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is part of the strategic and quality plan. The IC and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme.</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</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry leader and the facility manager. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Whanganui.</p> <p>The IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship</p>



<p>scope of our services.</p>	<p>(AMS). The IC coordinator has completed training in infection control and there is good external support from the GP, laboratory, external consultant, and the infection control nurse specialist at Te Whatu Ora Health - Whanganui. There are outbreak kits readily available and a personal protective equipment store.</p> <p>The designated infection control coordinator (RN) has been in the role for nine weeks and is supported by the nursing team, facility manager and general practitioner. The IC coordinator was interviewed, described the pandemic plan, and confirmed how the implementation of the plan would be used during an outbreak. During the visual inspection of the facility and facility tour staff were observed to adhere to infection control policies and practices. The IC audit monitors the effectiveness of education and infection control practices.</p> <p>The IC coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources including personal protective equipment (PPE) were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>The IC policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed IC in-services and associated competencies such as</p>
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		<p>handwashing and personal protective equipment. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated as required.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are no plans to change the current environment, however, the managing director (interviewed) will consult with the IC coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical reviews. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality/staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and registered nurse provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Springvale Manor infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the paper-based infection register. Surveillance of all infections (including organisms) is entered onto a monthly collation of infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at quality/staff meetings and updates as required during handovers. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and data are available for staff. Action plans where required for any infection rates of concern, are documented and implemented e.g.; two additional fluid rounds being introduced to address the increase in urinary tract infections. Internal infection control audits are completed with corrective actions for areas of improvement identified. Clear</p>

		<p>communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a Healthcare Acquired Infection.</p> <p>The service receives information from the local Te Whatu Ora - Wanganui for any community concerns. There have been no COVID-19 or other outbreaks since the last audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by a dedicated laundry person seven days per week. The laundry has a defined clean/dirty area and separate folding/sorting room. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The cleaning and laundry staff interviewed were knowledgeable.</p> <p>The facility manager is overseeing the implementation of the cleaning and laundry audits and the IC coordinator is involved in overseeing IC practices in relation to the building. The Infection prevention and control during construction, renovations and maintenance policy guide</p>

		the input required from the IC Team.
<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>	PA Low	<p>Policies and procedures meet the requirements of the standards. The restraint coordinator is an RN and she has a defined role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education and competency programme. Staff maintain current restraint competency. Staff interviews confirmed that restraint was understood by the staff and how they uphold the 'mana' of the residents under their care.</p> <p>The restraint register showed that in 2022, there was four resident using restraint, and in 2023, through the restraint elimination process, on the day of the audit, there was one restraint in place in the form of bed rails when the resident was in bed for safety purposes. Restraint assessment was not completed prior to the use of restraint (link 6.1.5).</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Procedures around monitoring and observation of restraint use are documented in the policy which include Te whare tapa whā model of health and wellbeing. Approved restraints are documented. The restraint coordinator is the RN and is responsible for ensuring all restraint documentation is completed. The use of restraint is linked to the resident's care plans (link 3.2.5). The type of restraint used, when required has a time on and time off recorded as well as the restraint checks as per the documented frequency. Monitoring of restraint was completed as planned by the caregivers and overseen by the RN. A restraint register is in place providing a record of restraint use.</p> <p>Interview with the RN confirmed that no emergency restraint has been required in Springvale Manor.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to</p>	FA	<p>Quality review of restraint occurs at the governance level which includes three GPs, the RN, the facility manager, and two RNs from the medical centre. Restraint elimination audits are completed yearly. The last audit was undertaken in August 2022.</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		
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## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	<p>Springvale Manor House implements a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The facility manager takes accountability to ensure that staff are aware of and adhere to the quality and risk processes for Springvale Manor house. All internal audits were completed as scheduled. Corrective action plans are well documented, however there is no evidence of their follow up and sign off as per policy.</p>	<p>There is no evidence of corrective actions following audits being followed up, evaluated, and signed off to demonstrate compliance with policy.</p>	<p>Ensure that corrective actions are evaluated.</p> <p>90 days</p>

<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>	<p>PA Low</p>	<p>There is a business quality risk and management plan documented that states a commitment to family/whānau involvement in care through regular meetings and annual satisfaction survey. The communication policy addresses the need for family/whānau meeting requirements to provide feedback about the service and annual satisfactions as an opportunity to receive feedback to improve services; however, the requirements of the policy were not implemented. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The registered nurse described an implemented process around providing residents with support from family/whānau for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and felt informed regarding events or other information. Regular family/whānau meetings did not occur as planned since the last audit. There was no evidence of an annual satisfaction survey being completed for 2022. When incidents or accidents occurred, there was no</p>	<p>1-There was no documented evidence of resident family/whānau meetings since the last audit.</p> <p>2-There was no documented evidence of a family/whānau annual satisfaction for 2022.</p> <p>3-The incident forms were completed by caregivers but there was a lack of documented evidence of RN follow-up after incidents and accidents. Families were not always updated following incidents for six of thirteen incident reports reviewed for May and June 2023.</p>	<p>1-Ensure that the resident and whānau meetings occur as planned. 2- Ensure to provide evidence of family/whānau participation and feedback to the service. 3- Ensure that incident and accidents are followed up by the RN including whanau being kept informed of changes in resident needs.</p> <p>90 days</p>
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		RN follow-up and family/ whānau were not always informed of these, for the incident reports and progress notes reviewed.		
<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>	PA Low	<p>There is a documented annual training programme for Springvale Manor that includes clinical and non-clinical staff training that covers mandatory topics. The facility manager acknowledges the importance of a well-trained workforce in terms of outcomes for the residents. Policy expectation is for training and education to be provided monthly and include guest speakers. However, evidence sighted during the audit confirms that the training schedule / programme has not been fully implemented since last audit.</p>	<p>The annual education programme since last audit has not been fully implemented.</p>	<p>Provide evidence that education and training is being conducted for all staff as per annual education and training plan.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	<p>Five resident's files reviewed showed that clinical and medical assessments, and care plans were not completed within the required timeframes. One resident (rest home level care) was recently admitted to the service and did not have an initial care plan in place, this had not been completed within the required timeframe of within 24 hours. Two other files (dementia level care) did not have initial care plans. Three out of five files (one rest home and two</p>	<p>Care planning activities do not meet the required timeframes, and consultation with residents and/or their families/whānau in relation to care planning was not documented.</p>	<p>Ensure that care plans are developed within the required timeframes and that these are completed and documented in consultation with the resident and/or their family/whānau.</p> <p>90 days</p>



		dementia) reviewed did not have long-term care plans in place. One rest home resident was not due, the other resident (dementia care) entered the service permanently following respite care. The service was able to provide evidence around when the resident was accepted into the long-term care, though the resident was in care for in total of 23 days. Although staff and family/whānau interviewed stated that care plan interventions were discussed with family whānau, there was a lack of evidence in the files showing residents or their family/whānau had been consulted in the care planning process.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	<p>PA</p> <p>Moderate</p>	<p>All files reviewed had evidence of the resident's informed choice and these are documented consistently. The RN who works full-time Monday to Friday is responsible for nursing assessment and care planning. Another RN who was previously employed by Springvale Manor is contracted back to undertake interRAI assessments in consultation with the onsite RN, the EN and caregivers. Resident files did not have current InterRAI assessments including minimum data set (MDS) comments and the assessment summary. These are the relevant documents that are required to inform care plan</p>	<p>1- Cultural assessments are not completed by a culturally competent person and care plans lack interventions around resident's lived experiences, cultural values, and preferences.</p> <p>2- Resident records related to medical notes, and laboratory results are not accessible to staff to coordinate and provide ongoing clinical care management</p> <p>3-InterRAI assessments, MDS comments, and the assessment summary were not</p>	<p>1-Ensure that cultural assessments are completed by a culturally competent person and care plan interventions include residents' cultural values, preferences, and their lived experiences.</p> <p>2- Ensure medical notes and test results are integrated in the resident records</p> <p>3- Ensure that the resident's interRAI assessments are accessible by the RN.</p> <p>90 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>development and resident and family consultation process. The facility manager and the RN do not have interRAI admin access to check and review assessments online.</p> <p>In general, cultural assessments were brief. There is a lack of information in cultural assessments around tikanga and accessing traditional healing practitioners as well as rongoā rākau, mirimiri, and karakia. Care plans are not up to date. There is one resident with a restraint (bed rail) and the use and effectiveness has not been evaluated for over twelve months (link 6.2.7). Medical notes were kept at the contracted GP's medical centre and the RN does not have access to these. On interview the GP confirmed that resident's medical records were kept in the practice, and that these can be provided on request. Medical rounds are completed by the GP with the RN, however medical reviews were not documented in the resident notes to inform staff and record recommendations and changes to guide the resident's care. Residents' laboratory results were also kept in the medical centre and the RN was not involved in following up blood results. For example, a resident was receiving Lithium (a mood stabilizing medicine). The resident's care plan did not include interventions around</p>	<p>kept in the resident's file.</p>	
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		<p>lithium toxicity and the requirement for lithium serum level monitoring. There was an alert on the electronic medication management system about the monitoring requirements, but these were not followed up by the RN. On interview, the GP confirmed the last test was completed in March 2023 and previously, it was over 12 months ago. There are no instructions by the GP in the resident's file about the frequency of lithium serum level monitoring.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p>	<p>PA Moderate</p>	<p>Resident and family/whānau interviews confirmed that they felt included and supported during the admission process and that staff encouraged them to speak for themselves and their loved ones on an ongoing basis. However, family/whānau communications were not always documented in the resident files reviewed, and there was little evidence that pae ora outcomes for individual residents had been discussed. Need and risk assessments are not being completed on a timely basis in response to individual resident care requirements.</p>	<p>Resident's individual wishes and family/ whānau communications were not always documented, and care plan interventions lacked evidence around family/whānau support, self-advocacy, and updated changes to care requirements.</p>	<p>Ensure that resident and family/whānau communications are recorded in the resident's file, including interventions around family/whānau support, self-advocacy, and changes to care needs to achieve pae ora goals</p> <p>90 days</p>

<p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>None of the files had care plan evaluations in the last six months, though two files reviewed were not due. A short-term care plan was evidenced for wound care. A current resident with frequent falls did not have a short-term care plan in place.</p>	<p>Care plans were not reviewed on a timely basis, and short-term care plans were not developed for acute changes.  The restraint used has not been evaluated as required in over twelve months.</p>	<p>Ensure that care plan evaluations are completed in a timely manner, and that resident's acute health changes are addressed and documented.  Ensure that restraint evaluations are completed and include items identified in criterion 6.2.7.  90 days</p>

<p>Criterion 3.2.7</p> <p>Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.</p>	<p>PA Moderate</p>	<p>Māori staff employed were knowledgeable about cultural safety and understood the process of oranga to support Māori and whānau. There are three Māori residents in the service and two files were reviewed. One file had a cultural assessment, but it was generic and did not include information about tikanga or pae ora outcomes for the resident; iwi connections were not documented. Consequently, there were no interventions in place to address cultural needs. The second file did not have a cultural assessment and there was a care plan in place developed in 2022 but the Māori care plan was again generic and no personal information to address cultural needs and aspirations.</p>	<p>Two Māori resident's files reviewed did not include information about Māori tikanga or pae ora outcomes for the resident. Care plans lacked culturally specific documentation and interventions to address individual resident's needs.</p>	<p>Ensure that care plans are developed with Māori residents and their whānau to include the resident's pae ora outcomes. Care plans are to be developed that are culturally appropriate to ensure interventions are clearly documented, communicated and understood.</p> <p>90 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>The RN, EN and caregivers who administer medications have been assessed for competency on an annual basis. Medications are checked on delivery by the RN. All medications are stored safely, and medication refrigerator temperatures are monitored and maintained within the recommended temperature range. The medication room air temperature is not monitored. PRN medications are administered by caregivers including administration of antipsychotic drugs, without follow up for efficacy and outcome by an</p>	<p>1- Medication room temperatures are not monitored.</p> <p>2- PRN medications including antipsychotic drugs were administered without nursing assessment with no follow-up on outcomes by the RN.</p>	<p>1- Ensure that the medication room temperature is monitored and documented.</p> <p>2- Ensure that PRN medications are administered following consultation with the RN and that the use of PRN medication is reviewed for efficacy.</p> <p>90 days</p>

		RN on the following day. There was no evidence of follow up by the RN on the next day or as part of medication reviews with the GP. All medications are checked at least monthly, and no expired medications are kept on site.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>A preventative maintenance programme is in place. The facility manager advised that in the last 12 months, a number of improvements have been made, such as painting and replacement of flooring in some rooms. However, further maintenance issues were identified around flooring upgrade, painting, drawers that don't shut, rusty shelves in a bathroom and replacement of hand towel bars in the resident's rooms. Currently, there are no maintenance staff employed, and the facility manager uses contractors to address immediate repairs. The facility manager advised a maintenance staff person has been employed and will commence duties by mid-July.</p>	<p>Several maintenance issues were identified on the day of audit. The facility manager is aware of them and there is a plan in place to address these.</p>	<p>Ensure that the preventative maintenance plan is implemented.</p> <p>180 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe</p>	PA Moderate	<p>Internal areas are safe and accessible and provide safe mobility and independence. However, access to an external area for dementia care residents is limited. There are five doors leading into an</p>	<p>There was minimal independent access to the secure external area for residents residing in the secure dementia unit, particularly in the area adjacent to the main</p>	<p>Ensure that residents in the secure dementia unit have independent access to outdoor areas from the main lounge/recreation area of the unit.</p>

<p>mobility and independence.</p>		<p>external courtyard and one door to an unsecure area which is kept locked. Three are side doors away from the main lounge and recreation area. Two have doorknob access and one is had a 'pin pad 'in place that does not allow egress unless the number is known. There are two further doors that access the external courtyard. These are from the lounge/recreation area, these are also 'pin pad' protected, so residents cannot access the outdoor area independently. The 'pin pad numbers are not displayed. On interview the RN and staff working in the area advised that independent external access was discouraged for safety reasons and that the doors are kept secure so that they could monitor people moving between the two areas.</p>	<p>lounge/recreation area. Independent access into the secure external area was discouraged.</p>	<p>90 days</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Moderate</p>	<p>Springvale Manor does not have a copy of a Fire and Emergency New Zealand (FENZ) approved current fire evacuation plan. During the last fire drill on 24 May 2023, attended by the fire service, the drill failed due to the secure door which should allow for emergency evacuation to a safe space being rusted shut. The service is working with their fire security services to address this issue.</p>	<ol style="list-style-type: none"> <li>1. There is no documentation available to support that the evacuation plan has been approved by FENZ.</li> <li>2. The fire evacuation processes outlined in the fire evacuation plan cannot be carried out due to the rusted door between the unit and the evacuation area designated in the evacuation plan.</li> </ol>	<ol style="list-style-type: none"> <li>1-Ensure that the fire evacuation scheme is approved by FENZ.</li> <li>2- Ensure that the door allowing cell evacuation from the dementia unit in the event of an emergency is operational.</li> </ol> <p>30 days</p>

<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>	<p>PA Low</p>	<p>Restraint policy clearly defines restraint implementation procedures which include a holistic assessment process however one restraint in use did not have an assessment record.</p>	<p>A holistic assessment prior to the implementation of the restraint was not completed.</p>	<p>Ensure that a holistic assessment is completed prior use of restraint.</p> <p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.