

# Cromwell Business Limited - Cromwell House and Hospital

---

## 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>	Cromwell Business Limited
<b>Premises audited:</b>	Cromwell House and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 27 July 2023    End date: 28 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>	42

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Cromwell House and Hospital currently provides hospital (geriatric and medical), rest home, and dementia level care for up to 52 residents. On the day of the audit there were 42 residents.

The service is owned and operated by two owner/directors. The facility is managed by the two owner/directors; one of them is a registered nurse with extensive experience in the health sector supported by the clinical manager. There is one governance body for the three facilities they own. Families/whānau interviewed spoke positively about the care provided.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand-Te Toka Tumai Auckland. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with a resident, relatives, staff, management, and general practitioner.

This certification audit identified an area requiring improvement around staffing.

## 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.

There is a Māori health plan and Pacific health plan and the ethnicity awareness policy stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Families/whānau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (The Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support, personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, and families/whānau is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

The owner/directors are supported by the clinical manager. Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. Management and owner/directors have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. Incidents are well managed, quality data is collated and analysed, and internal audits are completed.

The business plan includes a mission statement and outlines current objectives. The plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the owner/directors. Services are planned, coordinated, and appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure and staff ethnicity data is collected.

At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

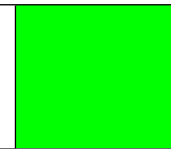
The activities coordinators provide and implement an interesting and varied activity programme. The programme includes outings, entertainment, and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. Snacks are available 24/7. The service has a current food control plan.

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

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

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



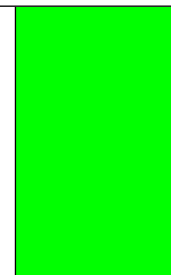
Subsections applicable to this service fully attained.

There is a current building warrant of fitness in place. The facility is divided into two floors, each with an individual lounge and dining area. All bedrooms apart from two are single occupancy and there is a mixture of full and shared ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

Documented systems are in place for essential, emergency, and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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




Subsections applicable to this service fully attained.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were two infection outbreaks reported since the last audit that were managed effectively.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
--	---	--

The restraint coordinator is the clinical manager. There are no restraints currently in use at Cromwell House and minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

---

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents. There is a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident, and practical application of the policy (tikanga best practice guidelines) documented. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in Māori and English.</p> <p>The service has residents who identify as Māori. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. The two owner/directors and clinical manager (CM) interviewed stated that cultural needs are met, and the service supports them to link with family/whānau if required. Residents (where able) and family/whānau are involved in providing input into the resident’s care plan, activities, and dietary needs, as confirmed during interviews with six relatives.</p>

		<p>Interviews with the management staff (one registered nurse (RN), the cook, five healthcare assistants (HCAs) and the diversional therapist (DT) confirmed culturally safe support is provided to residents and that mana is respected. Clinical staff described cultural support as per the policy and the care plans reviewed evidenced a Māori-centred approach.</p> <p>Ethnicity data is gathered when staff are employed. The service employs Māori staff and supports increasing Māori capacity by employing Māori staff members across different levels of the organisation, as vacancies and applications for employment permit.</p> <p>The service has contacts with Māori health support people through a local kaumātua, who provides opportunities for the service to learn about Māori customs and culture. One of the owner/directors identifies as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The owner/directors reported that cultural and needs assessments would guide staff in the delivery of safe equitable services to Pacific peoples. There is a Pacific people’s policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. Cultural safety support training has been provided to staff. Service employs Pacific staff and supports increasing Pacific staff capacity at all levels of the organisation, as vacancies and applications for employment permit. Residents (where able) and whānau identify individual spiritual, cultural, and other needs as part of the care planning process. This was consistently seen in all sampled residents’ files. The service follows the Ola Manuia Pacific Health and Wellbeing plan 2020-2025.</p> <p>Advice can be accessed through Pacific staff and Te Whatu Ora Health New Zealand-Te Toka Tumai Auckland. The service has working relationships/networks in the community to ensure the needs of Pacific residents are met. The owner/directors reported that they work in partnership with Pacific communities and organisations, to enable better planning, support, interventions, and evaluation of the health and wellbeing of Pacific peoples, to improve outcomes for the residents who identify as Pasifika.</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>All staff at the Cromwell House understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were residents who identify as Māori. The owner/directors reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives by involving them in the assessment process to determine residents' wishes and support needs. There are cultural policies which outlines tikanga best practice guidelines to follow.</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>Residents are supported in a way that is inclusive and respects their identity and experiences. Residents confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Residents' files sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The owner/directors and CM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility's secure spacious garden area.</p> <p>There is a documented privacy policy that references current legislation requirements. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and knocking on the doors before entering.</p> <p>All staff have completed cultural training as part of orientation and annually. The owner/directors and CM reported that te reo Māori and tikanga Māori practices are promoted within the service through</p>

		activities undertaken, such as policy reviews and translation of English words to Māori.
<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>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive, and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents, showing them respect and dignity. All families/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. The staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, including those related to Te Whare Tapa Whā model of care. During interview, care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>Information is provided to residents and family/whānau on admission. Six-monthly guardian meetings identify feedback from residents, families/whānau and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic</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>accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. HCAs interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate, should the need arise. There were no residents who could not speak 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/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The owner/directors, CM, and staff reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau/family to translate, and regular use of hearing aids by residents when required, is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Seven resident files reviewed included general consent forms signed by the activated enduring power of attorney (EPOA). The service ensures an appropriate informed decision-making process is followed with a Welfare Guardian appointed to support this.</p> <p>Consent forms include vaccinations. Staff, the resident, and family/whānau members interviewed could describe what informed consent was and knew the residents/family had the right to choose. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Resident files and interviews confirmed involvement in decision making.</p> <p>Training related to the Code of Rights, informed consent, and EPOAs is part of the mandatory education programme. The service follows</p>

		relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.
<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. 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. 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>	FA	<p>The service has a complaints management policy and procedures in place that align with the Code. The service's complaint register is detailed regarding dates, timeframes, complaints, and actions taken. All complaints sighted in the register had been resolved. There had been four complaints in 2022 and two complaints in 2023 year to date. The complaints have been investigated, corrective actions developed, and closed out. The complaint process timeframes were adhered to, and service improvement measures implemented. There have been no complaints received from external agencies.</p> <p>Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to the staff. Relatives/EPOA are advised of the complaints process on entry to the service. This includes written information about making complaints. Family/whānau interviewed describe a process of making complaints that includes being able to raise these at family/residents' meetings, putting a complaint (which can be anonymous) in the suggestion box, or directly approaching staff or the management team.</p> <p>The owner/director reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational</p>	FA	<p>Cromwell House and Hospital is certified to provide rest home, dementia level care, and hospital (geriatric and medical) for up to 52 residents. There are 22 beds in the dementia unit: five dedicated rest home beds, and 25 dual purpose beds. On the day of the audit, there were 14 residents at dementia level of care; 24 residents requiring hospital level of care, including one resident on a younger person with a disability (YPD) contract, one resident was funded by ACC, and five</p>

<p>operational policies. 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>residents under a long-term support-chronic health conditions (LTS-CHC) contract; and four residents requiring rest home level of care, including one LTS-CHC. All remaining residents were funded by the age-related residential care (ARRC) contract.</p> <p>Cromwell House and Hospital is owned/operated by two directors who maintain regular contact with the clinical manager. One of the directors is a facility manager and the other takes responsibility for maintenance. They have a Bachelor of Science Degree in Nursing, Master of Nursing Degree, and the other director is a registered plumber. All members of the management team are suitably qualified and maintain professional qualifications in management, finance, and clinical skills. The service is managed by staff who have vast experience and knowledge in the health sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement.</p> <p>The owner/directors reported that they are in regular contact with the clinical manager, and the reports reviewed showed adequate information to monitor performance is reported, including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management, and financial performance. The business plan includes the mission statement, scope, direction, goals, values, and operational objectives. The management team meets two weekly and other issues are discussed as they occur on a regular basis. The owner/director is the health and safety officer and reported that policies and procedures on quality, and health and safety align with relevant legislation and contractual requirements.</p> <p>The owner/directors interviewed explained in great detail the objectives of the business plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has engagements with local Māori leaders to ensure high quality service is provided for residents who identify as Māori. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha.</p> <p>The owner/director reported that the service will ensure that residents maintain links with the community in all aspects of their care. Cultural assessments and care plans are based on Te Whare Tapa Whā Māori</p>
--	--	---



		<p>model of care. Staff stated there is a focus on improving outcomes for all residents, including Māori and people with disabilities. The management team attended education in cultural safety, Te Tiriti o Waitangi and understand the principles of equity.</p> <p>The other owner/director identifies as Māori and reported that the service has meaningful relationships with kaumātua/kuia at governance, operational, and service level, that is appropriate to the size and complexity of the organisation.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Cromwell House has a documented quality and risk management plan that reflects the principles of continuous quality improvement. This includes: the management of incidents/accidents/hazards; complaints; audit activities; a regular relative/resident and staff satisfaction survey; policies and procedures; clinical incidents including falls; infections; and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months results and with other sister facilities.</p> <p>The CM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Family and staff contribute to quality improvement through feedback given and received on quality data, complaints, and internal audit activities. A resident/relative satisfaction survey was conducted in July 2023 with a 60% participation rate. Outcomes from the survey were favourable with minimal corrective actions identified and these have been implemented. All policies and procedures reviewed have been updated by an external consultant to meet the requirements of the Ngā Paerewa Standard.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Event Reporting Policy. A sample of 10 incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The owner/directors and CM understand and have</p>

		<p>complied with essential notification reporting requirements. There have been Section 31 notifications completed since the last audit related to: pressure injuries; registered nurse staffing shortages; and notifications to Public Health about the Covid-19 outbreaks in September and December 2023.</p> <p>The owner/directors advised that there is a robust quality and risk process in place, with an array of quality and risk-related data reviewed. The service has systems and processes in place to critically analyse organisational practices at the service/operations level, aimed to improve health equity within the service. Contacts with local cultural advisors is ongoing. Staff were trained in the Treaty of Waitangi, te reo Māori and tikanga, and other cultural practices. Cultural assessments are completed by staff who have received cultural safety training.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there was adequate staff to complete the work allocated to them; however, cited a registered nurse shortage for the night shift. The resident and family/whānau interviewed supported this. Rosters from the past four weeks showed that night shifts were covered by experienced healthcare assistants with support from CM.</p> <p>The CM works 40 hours a week from 8am - 4pm Monday to Friday and is available on-call 24/7 a week. All staff maintains current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. The training topics on the in-service calendar for registered nurses and care staff included Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); elder abuse and neglect; transfer for post stroke patient; pressure injury and skin care; work place bullying; culture safety; Treaty of Waitangi; seizures; understanding dementia; racism, stigma, bias; safe chemical handling;</p>

		<p>palliative care/death and dying; first aid; fire evacuation; complaints; and the enduring power of attorney.</p> <p>Related competencies were completed for the nursing staff and these included syringe driver competency, medication, and outbreak management. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's funding and service agreement. All healthcare assistants employed had completed dementia level of training. Staff cover care of people with disability in their NZQA health and wellbeing qualification, ongoing training, communication, advocacy, abuse prevention, and management of chronic conditions.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The CM reported the model of care ensured that all residents are treated equitably.</p> <p>Three RNs are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>The provider has an environment that encourages collecting and sharing quality Māori health information. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focused on achieving healthy equity for Māori.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job</p>

<p>health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>description. A total of eight staff files were reviewed (three healthcare assistants, DT, CM, cook, registered nurse, and owner/director). Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Records were kept confirming that all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, and other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>The ethnic origin of each staff member is documented on their personnel records. A process to evaluate this data is in place and this is reported to the owner/directors at management meetings. Following incidents, the owner/directors and CM are available for any required debrief and discussion.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioner (GP), and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The owner/director reported that staff have their own logins. An external</p>

		<p>provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The owner/directors and CM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Cromwell House is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements. One admission agreement is still with family/whānau awaiting signature. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service.</p> <p>The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The unit manager is available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. One of the owners/directors is a kaumātua. The service has links to Māori health organisations to improve health outcomes for Māori residents.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed: one rest home, four hospital (including a younger person with a disability (YPD), one resident on a long-term support -chronic health contract (LTS-CHC) and one ACC), and two dementia unit.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. There is specific cultural assessment included in the lifestyle assessment. All initial assessments and care plans were signed and dated. All aged care contract resident files reviewed (plus the LTS-CHC) had up to date interRAI assessments and care plans had been evaluated within the required six-month timeframe. The YPD and ACC files did not require an interRAI assessment; however, all other internal assessments and the care plan were up to date.</p> <p>Care plans are developed by the RNs in partnership with the resident and/or their families/whānau to ensure residents and families/whānau identify their own pae ora outcomes, as evidenced in the files reviewed. Care plans reviewed have been updated when there were changes in health conditions and identified needs. Residents and/or families were notified of these changes, as evidenced in the file and confirmed during interview with relatives. The long-term care plan is holistic and includes cultural, spiritual, sexuality, and social needs. There are six-monthly care plan reviews and residents and/or families are invited to attend. Progress towards goals is discussed at these reviews. Residents interviewed reported their need and expectations were being met.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. There is one GP who visits weekly. The GP is on-call after hours. When interviewed, the GP expressed satisfaction with the care. The service works alongside all residents to ensure all identified barriers to accessing information or services are minimised or eliminated. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for four hours per week. A podiatrist visits six-weekly and a dietitian, speech language therapist</p>

		<p>and wound care specialist nurse are available as required.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCA's in the rest home and dementia unit and by RNs in the hospital. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. When a resident's condition alters, an RN initiates a review with a GP. Family were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were two residents with wounds in the hospital. No rest home or dementia unit residents currently have wounds. There were two residents with stage IV pressure injuries. These had been seen by a wound care nurse specialist and reported on a S31. There was one stage II pressure injury. A wound register is maintained.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid chart, pain, behaviour, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services</p>	FA	<p>There is one diversional therapist (DT) who works five days a week. Each resident has an individual activities assessment on admission and from this information, an individual activities plan is developed as part of the care plan by the registered nurses, with input from the DT. Residents are free to choose when and what activities they wish to participate in. An individual activities attendance register is maintained.</p>

<p>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>The overall programme has integrated activities that is appropriate for all residents. Activities in the dementia unit are flexible according to resident mood and need. The activities are displayed in large print on all noticeboards. They include (but not limited to): exercises; reading news; word games; board games; bingo; golf; arts; and crafts. Celebrations include (but are not limited to): Anzac Day, Easter, Matariki, Waitangi Day, St Patricks day, Father's Day, and Mother's Day.</p> <p>The programmes allow for flexibility and resident choice of activity. One on one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to participate in activities or who choose not to be involved in group activities. There are plentiful resources to accompany activities. One of the owner/directors has a small dog who visits daily and is much loved by residents. The facility shares a van with sister companies and residents enjoy regular van outings. Church services are held two-weekly. Residents are encouraged to maintain links to the community. The facility has a group of volunteers who take residents out for coffee and shopping.</p> <p>The DT ensures there are culturally appropriate activities including Māori language week, the use of te reo Māori, and traditional crafts. A number of staff speak te reo Māori, Samoan and Mandarin.</p> <p>There are seating areas where quieter activities can occur. The residents interviewed described how they enjoy attending the activities and contributing to the programme. The service receives feedback and suggestions for the programme through regular resident meetings and surveys. The residents and relatives interviewed were happy with the variety of activities provided. One relative commented that it was nice to see residents in the dementia unit busy with activities and not just sitting in the lounge.</p> <p>The facility has Netflix which the YPD resident enjoys, and the DT also ensures that visiting entertainers sing more modern music on occasion.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a medication room. Registered nurses and medication competent HCA's administer</p>



<p>and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medications, and complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-medicating on the day of audit; however, there are policies and procedures in place should a resident choose to self-administer medications. There are no standing orders in use and no vaccines are stored on-site.</p> <p>The medication fridge and room air temperatures are checked and recorded twice daily. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over the counter or supplements in use. These would be considered by the prescriber (GP) as part of the person's medication if used. RN's interviewed described processes for working in partnership with Māori residents and whānau to ensure appropriate support in place, advice is timely, easily accessed and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	<p>FA</p>	<p>The head cook oversees food services. There is a fully functional kitchen, and all food is cooked on site. There are three rostered cooks who are supported by kitchen hands. Staff have been trained in food safety and chemical safety. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and</p>

<p>traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>special dietary requirements are accommodated, including food allergies. The service caters for residents who require texture modified diets and other foods, with pureed/soft meals provided as required. The kitchen serves directly into the dementia unit dining room with meals to the rest home and hospital dining rooms being transported in a temperature-controlled scan box from where the food is served directly. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are always snacks available.</p> <p>The food control plan expires on 30 July 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings, which are attended by the cook when required. Resident preferences are considered with menu reviews. The cook stated that cultural preferences are catered for when requested by residents. There are weekly ‘boil- ups’ and fried bread if requested. The facility has recently developed a separate menu plan for Māori residents which can be requested. Residents interviewed expressed their satisfaction with the meal service. Many stated that they enjoy the home baking.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are able to be referred to the dietitian. The dietitian can then inform the care staff and kitchen of any extra requirements.</p>
<p>Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and 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 facility uses the ‘yellow envelope’ Te Whatu Ora transfer documentation system and checklist to ensure all relevant documents are sent with the</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>resident being transferred. The residents and their families/whānau were involved for all exits or discharges to and from the service. The service works alongside residents and families/whānau to ensure they have access to other health and disability services and social support or Kaupapa Māori agencies where required 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>FA</p>	<p>The building holds a current building warrant of fitness which expires 25 June 2024. There are two full-time maintenance people who work across three sites. They are also on call. One maintenance person is a registered plumber and gas fitter. There is a maintenance request book for repair and maintenance requests located at reception. This is checked and signed off when repairs have been completed. There is a monthly and annual maintenance plan that includes electrical testing and tagging of equipment, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as electricians are available 24 hours as required. Testing and tagging of electrical equipment and calibration of medical equipment was completed 22 July 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>The facility's main building is the hospital wing, which has a small upstairs area. There is a lift which is suitable for an ambulance chair. Downstairs in the hospital there is a large lounge at one end and a dining room with a kitchenette at the other. Residents can go outside to a garden. The hospital is connected to the dementia unit by a covered walk-way.</p> <p>Entry to the dementia unit is by a code. The dementia unit has two large lounges, a conservatory, and a dining room. The dementia unit has very wide hallways which allows residents to wander freely and safely. The conservatory provides a quiet area for residents. This opens outside to a long walking path and secure garden. There are raised garden beds. There are visual cues for toilets and bathrooms. Staff carry phones for emergency use.</p>

		<p>The rest home opens off the dementia unit. Entry from the dementia unit is by a door code. The rest home has a small lounge and a dining room with kitchenette. This opens on to a deck. There is a path leading to the garden and hospital wing.</p> <p>There are three shared rooms in the hospital. All have privacy curtains. All other rooms in all areas are single. There is one room with an ensuite, but all other rooms share communal showers and toilets. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. The bedrooms were personalised. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. There are a sufficient number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>Fixtures, fittings, and flooring are appropriate throughout the facility. The external areas are well maintained and has seating and shade.</p> <p>There is gas heating in the hospital, radiators in the dementia unit and heat pumps in the rest home. Residents and relatives interviewed stated that the temperature was comfortable. There is no smoking inside; however, there is a designated external smoking area. Residents who wish to give up smoking are offered support. There is currently some refurbishment occurring; however, there are no plans for redevelopment. If there is in the future, the management would seek Māori advice through their kaumātua, to ensure their aspirations and identity is included.</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</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly,</p>

<p>event.</p>		<p>and one was held July 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a cupboard, and these are checked six-monthly. In the event of a power outage, there are alternative cooking methods available. There are adequate supplies in the event of a civil defence emergency, including water stores, to provide residents and staff with three litres per day, for three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms, showers, toilets, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. One resident wears a pendant. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. The dementia unit is secure at all times. There is CCTV and security lighting installed. Visitors are asked to sign in and wear a mask at all times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The CM is the infection control coordinator, and reported they have full support from other members of the management team regarding infection prevention matters. This includes time, resources, and training. Monthly staff meetings include discussions regarding any residents of concerns, including any infections. The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training; as verified in training records sighted. Additional support and information are accessed from the infection control team at the local Te</p>

		<p>Whatu Ora- Te Toka Tumai Auckland, the community laboratory, and the GP, as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The CM oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The CM has completed external education on infection prevention and control for clinical staff.</p> <p>The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the owner/directors and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it was current.</p> <p>The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were available on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on healthcare associated infection (HAI) risk and has access to shared clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at orientation and through annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about</p>

		<p>handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator consults with the management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora- Te Toka Tumai Auckland. The CM stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Healthcare assistants, cleaning, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff is practicing in a culturally safe manner. The service has printed off educational resources in te reo Māori.</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</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owner/directors. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed</p>

<p>appropriate to the needs, size, and scope of our services.</p>		<p>treatment were maintained. The annual infection control and AMS review and the infection control audit include antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Work is in progress to include ethnicity data in surveillance records.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management, respectively. There were infection outbreaks of Covid-19 reported in September and December 2022 since the previous audit. These were managed appropriately, with appropriate notifications completed.</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</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the</p>



<p>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>laundry. Cleaning products were in labelled bottles. Care staff ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. Sluice rooms have a sanitiser, separate handwashing facilities and PPE, including goggles available.</p> <p>Cleaning is conducted by care staff and cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The care staff has attended training appropriate to their roles. The CM has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>All laundry is washed off-site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. There are washing machines and dryers on site if residents choose to do their washing. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All HCAs have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The HCAs demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff/quality meetings and to the</p>

		<p>owners/directors. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
--	--	---

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a significant shortage of RNs in the service, and this is evidenced in night shifts; especially all nightshifts that are not covered by the registered nurses and this has been going since April 2023. The owner/directors and CM are available on-call 24/7 a week. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift. All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Currently there are four RNs, available to support resident care in the facility. Deficits are covered by healthcare assistants (HCAs) who are health and wellbeing qualified at level four and staff who are internationally qualified nurses awaiting registration with the Nursing Council of New Zealand. Four weeks of the</p>	<p>All night shifts each week were not covered by a registered nurse, therefore not meeting the ARRC contract D17.4 a- i. The owner/directors and CM advised that they are actively working to recruit two full-time registered nurses to cover all available shifts.</p>	<p>Ensure there is adequate coverage of all shifts by a registered nurse to meet the requirements of the ARRC contract D17.4 a-i.</p> <p>180 days</p>

		<p>roster were analysed (28 days). During the four weeks, there was no registered nurse available in the facility to cover all seven night-shifts. The owner/director and CM reported that the shift was currently being covered by an internationally qualified registered nurse who is medication competent.</p> <p>The morning shift consists of a registered nurse who works 7.00am – 3.30pm and is supported by a total of five HCAs from 6.00am – 2.00 pm.</p> <p>Additional staff include a cook 8.00am- 5.30pm, diversional therapists 9.00am- 6pm, and casual kitchen hands.</p> <p>The afternoon shift consists of a registered nurse who works 2.45pm- 11.15pm and is supported by a total of four HCAs from 2.00pm– 10.00pm.</p> <p>The night shift consists of an internationally qualified nurse who covers four nights 11.00pm-7.00am, supported by two HCAs who work from 10.00pm – 6.00am.</p> <p>The service is actively recruiting two registered nurses to cover the available vacant shifts.</p>		
--	--	---	--	--

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.