

Melodie Enterprises Ltd - Sheaffs Resthome

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 HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Melodie Enterprises Ltd
Premises audited:	Sheaffs Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 August 2023 End date: 24 August 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	27

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
	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

Sheaffs Rest Home provides rest home level care for up to 29 residents. The service is owned and operated by Melodie Enterprises Limited, a private company owned by a small group, two of whom are registered health professionals. At least one of the owner/operators is on site and on call seven days a week. There have been no significant changes to the size or scope of the service since the previous surveillance audit in May 2022.

This certification audit was conducted against Ngā paerewa Health and Disability Services Standard 2021 and the service providers agreement Te Whatu Ora, Health New Zealand Hauora A Toi Bay of Plenty. The audit process included a pre audit review of policies and procedures, a sample of residents' and staff files, observations and interviews with residents, family/whānau members, the owner/operators, registered nurse (RN), assistant manager, staff and the general practitioner (GP). Feedback from all interviewees was positive.

There were no findings identified as a result of this audit. One criterion, related to the activities programme, was allocated a continuous improvement rating due to the positive impact a new initiative has had on residents.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The service works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. At least half of the workforce identify as Māori. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

Residents who identify as Pasifika have their needs met in culturally safe and appropriate ways. A well described Pacific Plan and related policies and procedures guide staff in delivering pacific models of care.

Residents and their family/whānau are informed of their rights according to the Code. Residents confirmed that they are treated with dignity and respect at all times. Consent is obtained where and when required. There was no evidence of abuse, neglect, or discrimination.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making. Advance directives are followed wherever possible.

A complaints register is maintained with complaints resolved promptly and effectively. The complaints process meets the requirements of consumer rights legislation and these standards.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The organisation is governed by a small group of owners and a part time assistant manager who monitor organisational performance and ensure ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored by the governance group for progress toward achievement.

There is a documented and implemented quality and risk management system which includes processes to meet these standards, the agreement with the funder, health and safety and other legislative and regulatory requirements. Quality data including incidents/adverse events are analysed to identify wanted and unwanted trends. Incidents are being reliably reported and recorded in a timely way by all staff.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Competencies are defined and monitored. Staff performance was being reliably reviewed.

Management of health information meets these standards and the Health Records standard.

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.

Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Residents' care is reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

The planned activities provide residents with a variety of individual and group activities. The activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau. Residents are supported to maintain and develop their interests and social activities suitable to their age and stage of life.

The service uses a pre-packaged medication system and an electronic medication management system. Medication is administered by staff who are competent to administer medicines. Medication reviews are completed by the general practitioner in a timely manner.

The food service meets the nutritional needs of the residents with special needs and cultural needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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.
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained. Hazards are identified.

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.

An implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme which is reviewed annually. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the outbreak management plan.

Prescribed antibiotics are monitored, and occurrence of adverse effects are monitored.

Specialist infection prevention advice is accessed when needed. Staff understood the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Waste and hazardous substances are managed safely as per council guidelines. Cleaning and laundry services are effective.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit 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 service has a philosophy of no restraint, except where the safety of residents, specifically those in the last stages of life require a bedrail to prevent them from falling. One hospital level care resident (with an approved exemption) had bedrails in place during the audit. This restraint intervention had been fully assessed by the RN and GP after determining there was no alternative . Consent had been signed by their next of kin/enduring power of attorney (EPOA) subsequent to information being provided to and consultation with the relative. The restraint and was being monitored two hourly 24/7and reviewed/evaluated at appropriate intervals.

The restraint committee conduct a quality review of all restraint practices at their six monthly meetings. Staff attend regular training on restraint minimisation and de-escalation techniques. Governance and all staff are kept informed about restraint activity.

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	29	0	0	0	0	0
Criteria	1	174	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The services delivered at Sheaffs Rest Home are Māori centric. A strong ethos and philosophy of support to increase Māori capacity is obvious in the physical environment, for example, artworks and bilingual signage, display of the organisations pepeha; the use of spoken and written te reo Māori, and day to day activities that uphold tikanga such as waiata, karakia, cultural games and crafts, and visits from local Iwi. Half of the staff employed identify as Māori, with the majority of these being care assistants. Those interviewed confirmed they are supported in a culturally safe way and that their mana and culture is respected. Around 30% of the resident population is Māori as shown in the ethnicity data gathered of staff and residents.</p> <p>The directors and manager regularly liaise with local Māori tertiary education providers (Toi Ohomai Institute of Technology) regarding student nursing placements and the local Iwi- Ngāti Awa, who provide a kaumatua to conduct spiritual and cultural services. The directors said they provided equitable services for Māori, by ensuring that the residents received priority health care such as flu vaccines, anti-viral</p>

		<p>medicines, screening and clinical support to attend secondary and tertiary health appointments. This was evidenced on site when the GP director accompanied a resident to an outpatient clinic appointment to ensure their specific health needs were considered. Māori residents are also supported in their choice of traditional Māori medicines/rongoā.</p> <p>The operator has policies and procedures to meet their obligation in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code, cultural safety, the Treaty of Waitangi and equity is included as part of the orientation process for all staff and in ongoing training as verified in the training records. Māori residents and whanau interviewed understood their rights and pointed to where the Code was displayed in te reo 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>	FA	<p>At the time of this audit, there was one resident and no staff who identified as Pasifika. Discussion with the resident and file review confirmed that their cultural identify and beliefs had been taken into account using Pacific models of care. Like the evidence referred to in subsection 1.1, the directors facilitate equity for Pasifika people in their care by minimising any barriers that prevent access to health and disability services, ensuring that staff provide culturally safe and appropriate care interventions, and applying best known practice. The organisations Pacific Health Policy, Pacific Plan and care planning documents refer to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The cultural policy differentiates values and worldviews across different pacific island nations and lists contact details for Pasifika groups available for guidance and consultation.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) posters were displayed around the facility. The Code was in English language, sign language and te reo Māori. Staff have received</p>

<p>and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporate residents' rights in daily practice. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and information on the Code is included in the admission agreement. Education to residents and staff through regular onsite visits from the local advocate was occurring. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. The registered nurse (RN) stated that other opportunities to provide further explanation is provided as required. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori mana motuhake was observed in practice. Māori residents, family/whānau or legal representatives were involved in the assessment and care planning process. There is a Māori assessment plan which had been completed for all residents who identified as Māori. This enables residents to practice autonomy and independence to determine individual wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The cultural safety policy in use has been updated to include the new standards and references Te Tiriti o Waitangi. The initial admission assessment includes residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. These were documented in the residents' diversional care plans and long-term care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these. Staff were observed respecting residents' personal areas and privacy. Visitors' toilets and shared bathrooms had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible. Residents confirmed that they can choose to attend to activities of choice and can perform own personal cares if competent to do so.</p> <p>Te reo Māori , tikanga Māori and tāngata whaikaha participation in te</p>

		<p>ao Māori is encouraged through all activities. Staff who identify as Māori were observed talking to Māori residents in te reo Māori on the days of the audit. Te reo Māori words and English translation were posted around the facility to increase residents and staff awareness. Staff have received education on cultural safety, equity and Te Tiriti o Waitangi. Staff were aware of Māori values and beliefs. Guidance on tikanga best practice was included in the cultural safety policy and through support provided by the service kaumatua.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff. These are documented in the employee handbook. In interview, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>Abuse and neglect policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. Systems in place to protect residents from abuse, revictimization, institutional and systemic racism include the complaints management process, residents' meetings, and the satisfaction surveys. Residents, family/whānau and staff stated that they have not witnessed any abuse or neglect. Residents, family/whānau stated that they are treated fairly, and they feel safe. There was no evidence of discrimination or abuse observed during the audit.</p> <p>Residents are encouraged to have a comfort fund that is kept safe in the office and they can access their money as desired. Money transaction records were maintained. Residents' property is labelled on admission.</p> <p>A holistic approach to care incorporating Te Whare Tapa Wha model of care combined with te toi atorangi Māori health care plan is used to ensure wellbeing outcomes for Māori.</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>An opportunity to discuss any concerns residents may have to make informed decisions is provided either during admission or whenever required. Other agencies involved in residents' care were documented in residents' records sampled. Residents and family/whānau stated they were kept well informed about any changes to their, or their relatives relative's health status and were advised in a timely manner about any incidents or accidents and medical review outcomes. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.</p> <p>Information provided to residents and family/whānau is mainly in the English language. Residents who were admitted on the days of the audit were all able to understand English. The RN and clinical manager/director (CM) stated that interpreter services are engaged when required. Staff who identify as Māori and family/whānau support Māori residents with interpreting as required. Interpreter contact details were available and known by staff. Written information and verbal discussions are provided to improve communication with residents, their family/whānau or legal representatives. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the directors, RN and assistant manager. Residents and family/whānau confirmed that the management team and all staff were approachable and responsive to requests. A record of phone or email contact with family/whānau or legal representatives was being maintained.</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>FA</p>	<p>Residents and their family/whānau or their legal representatives were involved in the informed consent process. Best practice tikanga guidelines in relation to consent was practiced, for example offering residents access to a Māori advocate, support person or interpreter. . Informed consent was obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements and resuscitation authorisation plans were evident in residents' records sampled. Consent was also obtained for sharing health information. Taking photographs and outings and for specific procedures as required.</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>Residents who had been assessed by their GP as not competent to make decisions were supported by their legal representatives where applicable and family/whānau. The RN and clinical manager were aware of those residents who advance directives which could be activated when necessary. Staff were observed to gain consent for daily cares.</p> <p>Residents, family/whānau or resident's legal representative confirmed that they are provided with information and are involved in making decisions about their care. The CM and RN reported that residents are offered a support person through the advocacy services when required. During the admission process residents provide information on their nominated representative of choice, next of kin, or legal representative. Communication records verified inclusion of support people where applicable.</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>Evidence from the complaints register, and interviews with the directors, staff and assistant manager, residents and their whānau/families, confirmed that the complaint management system complies with the Code, meets the intent of this standard and works equitably for Māori.</p> <p>Two complaints had been received since the previous audit. One was from staff about staff and the other was from a resident's family member. There have been no known complaints received and/or investigated by external agencies. Both complaints had been acknowledged in writing, investigated and resolved to the satisfaction of the parties involved in a timely manner.</p> <p>Māori residents and whānau said the complaints process had been explained to them in ways they understood that information was available to them in te reo Māori and that they felt very comfortable raising concerns or complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>Sheaffs Rest Home is governed by a small group of directors/owners, one of whom identifies as Māori and two of whom are registered health practitioners. One is a registered nurse and the other is a</p>

<p>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>medical doctor. Either one of these directors are on site most days of the week and receive regular input from the assistant manager and another registered nurse (RN). The governance group meet regularly to discuss and review all operating matters to ensure the service complies with legislation, contracts, and regulatory requirements. The operators maintain current business/quality/risk plans which describe their structure, purpose, values, scope, direction, performance, and annual goals. These goals and plans are reviewed for progress at the directors' meetings, as confirmed by review of meeting minutes and interviews.</p> <p>The home has a maximum capacity for 29 rest home level care residents. On the days of audit 27 beds were occupied, by people assessed as requiring rest home level care, except for one hospital level care resident with approved exemption. One Long Term Support-Chronic Health Conditions (LTS-CHC) resident was under the age of 65 years and the funder is arranging for one resident with a mild intellectual impairment to be provided care under a disability agreement. Services are provided under the Age Related Residential Care (ARC) agreement with Te Whatu Ora, Health New Zealand-Hauora A Toi Bay of Plenty. The service also holds an agreement for LTS-CHC and respite/short stay care.</p> <p>The directors/governance have completed and are maintaining competencies in equity, Te Tiriti o Waitangi and cultural safety, as this is a requirement for their roles in primary health provision. Interviewees confirmed understanding about the principles and practices of equity and there was evidence that training related to equity had been provided to them and all staff. The directors/governance also demonstrated ways they ensure services are delivered safely and appropriately for tāngata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity, for example residents with sight impairment, cognitive decline or impairment were clearly identified and additional staff support and resources were being provided according to the principles of 'enabling good lives' a national disability strategy. A resident with visual impairment was observed setting the dining room tables for every meal, residents with memory loss were reminded about routes home when they embarked on walks and vulnerable residents were protected from financial exploitation by having staff accompany them</p>
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		<p>in shopping trips. It was stated that all staff, including the directors had at their own expense purchased clothing or toiletries for residents who needed these. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whanau/family, results of satisfaction surveys, the demographic and ethnic population of residents and the ethnic composition of staff.</p> <p>Clinical governance is upheld by the directors to ensure that staff work together to improve and be held accountable for the quality and safety of the services they provide. A recently established clinical governance committee comprising the two directors, the RN, the assistant manager, and the diversional therapist, meet every three months to review care, consider opportunities for service improvement and implement best known practices where needed.</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>Sheaffs has a documented and implemented quality and risk management system which is reviewed and kept current by the directors, the assistant manager and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies. The risk management plan and associated policies and procedures such as the hazards register and environment audits were being reviewed and updated at least annually. New risks were notified to all staff and added to the plan when identified.</p> <p>Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures include regular internal audits, management and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, restraint, infection and outbreak events, complaints, resident/relative satisfaction surveys and staff surveys. Where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Evidence of this was confirmed by interviews and sighted in the audit reports, incident</p>

		<p>records and in the minutes of staff, resident and director meetings.</p> <p>Equity is an integral component of the quality and risk management system. There are no barriers to entry for Māori and their individual needs are identified and catered for in equitable and respectful ways . The service monitors the ethnicity of clients in and out of the service and facilitates client access to other health services and resources when required. Staff and governance are knowledgeable about equity issues and engage in regular korero, education and networking that aims to address identified inequities. Significant efforts to improve the health status of Māori residents are ongoing. This was demonstrated in the individual strength and balance programme designed for a frequent faller and the overall improvement in another resident's physical and psychological well-being since admission 18 months ago. Ethnicity data is being consistently gathered. Tikanga is upheld and respected (refer subsection 1.1 and 1.4). The clinical governance group are committed to developing and implementing strategies that lead to high quality health outcomes for all residents.</p> <p>The reporting and recording of incidents/accidents and near misses adheres to the principles of the National Adverse Events Reporting policy. Essential notification reporting occurs. Two section 31 notifications had been submitted since the previous audit. One involved the police in relation to a missing resident and the other was related to a fire in the grounds/garden outside the care home. Te Whatu Ora were notified of positive COVID-19 cases in March 2023. There have been no other significant events nor coroner's enquiries or police investigations since the previous audit.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</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 (24/7). Fifty percent of the workforce identify as Māori. The business owners ensure staff work in ways to deliver health care that is responsive to the needs of Māori. Service delivery is Māori centric, the directors, service Kaumatua and staff continually source information and resources to assist them in achieving good health outcomes for Māori residents. See evidence of</p>

<p>services.</p>		<p>this in subsection 2.2.</p> <p>Staffing levels are adjusted to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Either one of the two owner/registered health professionals is on call after hours and visits the home most days. The part time employed (30 hours per week) RN works Saturday to Tuesday. The assistant manager also works 30 hours a week from Tuesday to Friday. Two to three care staff are rostered for morning shifts, two in the afternoon shift and one on night duty. The rosters show that duty hours overlap to increase the number of staff on the floor for busy periods. For example, the two evening staff have different start and finish times and the night shift person stays on until 9am to assist morning staff. All care and activities staff have a current first aid certificate.</p> <p>Allied staff such as the diversional therapist, activities assistant and kitchen staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery. The care staff carry out laundry and housekeeping duties on all shifts seven days a week. Additional cleaning is carried out under contractor by casual staff employed specifically for cleaning when required.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. The annual staff education plan and individual training records sighted, confirmed that staff attend mandatory training topics such as infection control, restraint minimisation, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. Recent training has focused on cultural safety, health equity and infection prevention related to COVID-19 which included donning and doffing of personal protective equipment (PPE). All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the funder. Of the 10 care staff employed, seven have achieved level three and four on the NZQA framework. The RN is accredited and maintaining competencies to conduct interRAI assessments. Staff records</p>
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		<p>sampled demonstrated completion of the required training and competency assessments.</p> <p>The service provider has determined the cultural make-up of their workforce and estimated the percentage of Māori health care and support workers. The owners also confirm people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Staff management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records confirmed the organisation's policies are being consistently implemented. Staff qualifications including current membership with professional bodies and annual practicing certificates were confirmed prior to employment and copies were held on file. Validation of other health practitioners practicing certificates, such as the dispensing pharmacist, and general practitioner was also being checked and monitored for currency.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts and a 90 day post-employment appraisal. Formal performance appraisals occur at least annually. The staff records sampled contained evidence that their performance had been reviewed in the past 12 months. Staff ethnicity data is recorded and used in accordance with Health Information Standards Organisation. There is a diverse mix of staff employed.</p> <p>Staff said they felt well supported at all times, including during and after stressful situations. This was further confirmed by the results of the 2023 staff survey.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	<p>The residents' files are paper based and all staff make entries in the progress notes. The RN completes care plans electronically, and copies are printed and put in the residents' paper file. These</p>

<p>and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>documents were sighted in the residents' clinical records sampled. All necessary demographic, personal, clinical and health information was fully completed. Clinical notes were current and integrated with GP and allied health service provider notes. This included interRAI assessment information entered into the electronic database and reports printed and stored in the residents' files.</p> <p>The resident care records were legible with the name and designation of the person making the entry identifiable. The electronic medication management system in use records prescriptions and administration times.</p> <p>Archived records are held securely on site and are readily retrievable. The assistant manager is responsible for archiving clinical records. Residents' information is held for the required period before being destroyed.</p> <p>No personal or private resident information was on public display during the audit. The residents' files were kept in locked nurses' station. A shredder is used for destruction of unwanted confidential information. Staff have individual passwords to access policies, forms and any electronic records.</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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>Entry criteria are clearly documented in the information handbook. Entry to services is managed by the RN, the assistant manager and the CM/director. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission. Information about the service is provided to the prospective resident and/their family/whānau. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>The entry to services policies and procedures have clear processes for communicating the decisions for declining entry to services. Residents confirmed their rights and identity are respected. The service maintains a record of the enquiries. Routine analysis of entry and decline rates including specific rates for Māori is completed quarterly. The general practitioner (GP) stated that residents are supported to have access to complimentary/traditional Māori</p>

		<p>medicines if desired. The service has established partnerships with the local marae and other Māori organisations to meet the needs of residents who identify as 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> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The RN and CM/director complete nursing admission assessments, care plans and care evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and their family/whānau where appropriate. The service uses assessment tools, for example but not limited to, tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, observation and the NASC assessments served as a basis for care planning. Residents, family/whānau or legal representatives, where applicable, were involved in the assessment and care planning processes with resident's consent. Routine interRAI assessments were completed six-monthly. Relevant outcome scores support the care plan goals and interventions.</p> <p>The care plans identified residents' strengths, goals and aspirations and aligned with their values and beliefs. Where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions and challenging behaviour plans were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>An assessment plan for Māori residents was utilised to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process and support Māori residents to identify their own pae ora outcomes in their care plan. Staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified in the Māori Health Plan and the CM reported</p>

	<p>that these will be monitored and prevented as possible. The service supports use of traditional healing methodologies such as rākau rongoā, mirimiri, and karakia. The GP stated that traditional medicines will be considered per request and support can be accessed from Māori cultural advisors. Māori residents are supported to practice their cultural values and beliefs.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. After hours on call medical services are provided by the directors, RN and through the local medical centre.</p> <p>Service integration with other health providers including medical and allied health professionals was evident in records sampled. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evident in the residents' files sampled. In interview, the GP confirmed satisfaction with the care provided to residents and that medical orders were followed.</p> <p>The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Residents' care was evaluated on each shift in the progress notes by the RN and the care assistants.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and they expressed satisfaction with the care provided. Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed</p>
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		needs, goals, and aspirations.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A social history assessment and diversional therapy assessment is completed on admission for all residents. Residents' activity needs, interests, abilities, and social requirements are assessed with input from residents and family/whānau or residents' legal representatives. The monthly activities calendar was posted on notice boards around the facility and daily activities written on the board in the lounge area. Residents are invited to the activities on the programme each day. Individual diversional therapy plans are completed. The activities programme is provided by a registered diversional therapist (DT) who is supported by an activities coordinator.</p> <p>There were individual activities and group activities provided. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities.</p> <p>The activities on the programme include morning walks (self – directed) and supported, in-house church services, exercise to music, gardening, happy hour, housie, art, ukelele sing along, board games, bingo, and bowls. Monthly and international days are celebrated. National cultural events celebrated include Waitangi Day, Matariki celebrations and Māori language week celebrations. Other opportunities for Māori to participate in te ao Māori include support for Māori residents to visit the local marae per residents' request. Activities participation records were maintained. At times residents go on outings with their family/whānau. Family/whānau are welcome to participate in activities with the residents.</p> <p>Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review. Feedback on activities is an agenda item of monthly residents' meeting. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p> <p>A continuous improvement rating has been awarded in criterion 3.3.2 in relation to support to accessing communities of choice.</p>
<p>Subsection 3.4: My medication</p>	FA	<p>An electronic medicine management system is in use. The</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>implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements, standards and safe practice guidelines. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over-the-counter medicines and supplements were documented on the prescription charts where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the prescription chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the prescription charts sampled. There were no standing orders in use. The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was being conducted when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. Medicines in the medication trolley were within current use by dates. Registered pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended ranges.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori is provided. Some residents haven been supported with their use of rongoā.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. There was one resident who was self-administering medicine at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner and staff understood the requirements.</p>
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		Competency to self-medicate and regular evaluation was completed as per organisational policy.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>Food is prepared on site by trained cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in a four-weekly cycle. The menu was reviewed by a qualified dietitian on 28 February 2022. Residents who chose not to go to the dining room for meals had meals delivered to their rooms.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan. The food control plan was current and will expire on 20 June 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight was monitored monthly and there was evidence that any concerns in weight were managed appropriately. Additional supplements were provided where required. Culturally specific to Māori food options were provided. The RN reported that Māori residents will be consulted about cultural food requirements when required. Whānau/family are welcome to bring culturally specific food for their relatives. Residents expressed satisfaction with the food services.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in</p>

		an unhurried fashion.
<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>	FA	<p>There is a transition, transfer, and discharge policy to guide staff practice. Transfers and discharges were managed safely in consultation with the resident, their family/whānau and the legal representative where applicable. A transfer form is completed when transferring residents to acute services. The service coordinates with the receiving service over the phone to provide verbal handover where applicable. The RN reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in sampled records included risk mitigation. Relevant clinical and medical notes were provided to ensure continuity of care.</p> <p>The RN reported that referral or support to access kaupapa Māori agencies where indicated, or requested, is offered. Referrals to seek specialist input for non-urgent services were completed by the GP or RN. The resident and the family/whānau were kept informed of the referral process, reason for transfer or discharge as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building had a current warrant of fitness with an expiry date of 07 June 2024. Inspection of the internal and external environments revealed no concerns. Residents were observed to be independently accessing the gardens, decks, and external areas. There was enough safe and suitable seating, handrails and flat walking surfaces and shade options provided.</p> <p>The building and grounds are not owned by the operators but these are kept in good repair. Plant and equipment is being well maintained and new equipment to promote independence and mobility is acquired as needed. For example, the purchase of a 'Steady Sarah', mobilising frame. Records and receipts sighted confirmed at least annual checking, tagging and testing, and calibration of electrical devices and medical equipment. For example, testing and tagging of all plug in</p>

		<p>electrical equipment by a registered electrician in February 2023 and safety checks of hoists, electrical beds, sit on scales, and calibration of thermometers and blood pressure monitors has been occurring by the manufacturer or supply company.</p> <p>Improvements have been made to external areas and the internal environment is inclusive of residents' cultures. For example, signage throughout the home is in te reo Māori and English, an introduction to the service (what staff referred to as Sheaffs pepeha) was displayed at the front door and the internal décor reflects all cultures. Male residents' have been allocated a space for them to use and gather, which they were in the process of naming.</p> <p>A sufficient number of conveniently located and disability accessible bathrooms and toilets for residents and staff are available. These are clearly identified, designated as male and female and have functional privacy locks. Hot water temperature monitoring was occurring, as confirmed by the records sighted. Internal audits of equipment and the environment were being carried out regularly and remedial or preventative maintenance occurs in a timely manner.</p> <p>There were no shared bedrooms on the days of audit. Each resident's bedroom was large enough to accommodate lifting equipment and manoeuvrer, light filled, warm and well-ventilated by large opening windows and individual heaters. There was a wash basin in all bedrooms and these were furnished and decorated according to the occupant's preferences. Communal dining and recreational areas were spacious and easy to access with dual setting heat and air-conditioning heat pumps. Hallways and bathrooms were heated by wall heaters.</p> <p>There has been no new buildings. The service provider does not own the buildings. Interviews with the service operator/directors confirmed they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the

<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>procedures to be followed. Staff have been trained and knew what to do in an emergency. There is always at least one staff member with a current first aid certificate on site. At least one of the directors and/or the RN are available on call after hours. Staff interviewed said their calls were always answered by the person on call and that advice and assistance was available 24/7.</p> <p>An adequate amount of food, water, and medical supplies for up to 29 residents and staff was being stored on site. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Equipment and resources for use during a power outage or environmental disaster were sighted and confirmed as available, for example access to a generator, a barbeque for cooking and additional blankets for warmth.</p> <p>Six monthly fire evacuation drills had been occurring. The most recent drill occurred on 29 May 2023 and another is scheduled for September. Firefighting equipment audits are carried out by the contracted fire security provided and a local fire officer attends at least one drill each 12 month period. The fire evacuation plan was approved by the New Zealand Fire Service in 2010 and has not required a review as no changes to the building structure have occurred since then.</p> <p>The call bell system was witnessed to be functional during the audit and residents said staff always responded to these in a timely way. Appropriate security arrangements are in place. Staff wear uniforms and name badges so that they are easily identifiable. Doors and windows are locked at dusk. All visitors are asked to complete a rapid antigen test (RAT) before entry and wear a mask. All visitors are required to sign in and provide proof of identify if they are unknown to staff.</p> <p>Residents and staff said they were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme has been approved by the governance group. This information is linked to the quality and risk management and strategic</p>

<p>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>plan. The governance group are kept informed of all infections in monthly reports. The programme is reviewed and reported on yearly.</p> <p>A stepwise approach is in use to minimise risks. Recent outbreaks were escalated to the governance group within 24 hours. The general practitioner provides initial support and advice. Expert advice is sought following a defined process. Public Health advice can be sought as needed or as clinically indicated from infectious specialists. A documented pathway supports reporting of progress, issues, and significant events to the governance body.</p> <p>The CM and RN ensure communication with staff occurs in relation to any infection risks.</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 RN is the nominated infection control coordinator. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's (IFC) job description. The IFC has completed external education on infection prevention and control within the past year. They have access to shared clinical records and diagnostic results of residents.</p> <p>The implemented IP programme is clearly documented and was developed with input from external infection prevention and control (IPC) services. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme was last reviewed on 28 January 2023. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Infection prevention audits were regularly being conducted and include hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes at staff meetings. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>The pandemic and outbreak management plan in place was reviewed</p>

	<p>at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan.</p> <p>The IFC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual 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 during residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The CM and the assistant manager are responsible for procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The CM stated that the IFC 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 as per organisational policy. At the time of the audit there were no plans for new buildings.</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>Care delivery 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.</p> <p>The cultural safety policy guides staff on culturally safe practice in IP, and thus acknowledge the spirit of Te Tiriti o Waitangi. Staff confirmed that they consult each resident on culturally safe practice in IP to meet individual needs. Residents who identify as Māori expressed satisfaction with the consultation process for IP. Infection prevention educational material in te reo Māori was posted around the facility.</p>
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<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 antimicrobial stewardship (AMS) programme policy 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 governance body. The policy aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IFC reported that any adverse effects will be reported to the GP. The AMS programme is evaluated annually.</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>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. All healthcare-associated infections (HAIs) are monitored. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Surveillance information includes ethnicity data.</p> <p>Residents and family/whānau were advised of identified infections where required in a culturally safe manner. This was verified in interviews with residents and family/whānau. COVID-19 infection outbreaks reported since the previous audit were managed effectively with appropriate notification 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 within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	FA	<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 laundry and the cleaning room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. Adequate supplies of PPE were available which included masks,</p>

<p>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>gloves, face shields and aprons. Staff were observed using PPE appropriately.</p> <p>There are cleaning and laundry policies and procedures to guide care. The facility was observed to be clean throughout. Care staff who carry out most of the cleaning have attended training in safe use of chemicals and material safety data sheets were available. There was only one hazardous chemical on site which was recorded on the hazards register. Regular internal audits monitor environmental cleanliness and there is a facility testing and monitoring programme for the built environment. Results of audits did not reveal any significant issues. Laundry services are completed on site. The laundry is clearly separated into clean and dirty areas. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with 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>Sheaffs is committed to achieving and maintaining a restraint free environment which was reflected in the policy and during interviews with staff and the governance body. The governance body were fully informed and are active members of the restraint committee which also has Māori representation. Policies and procedures for the management of restraint, when required, reflect the requirements of this standard, and defines the type of restraints approved for use. The registered nurse is designated as the restraint coordinator and oversees all aspects of restraint use in collaboration with the restraint committee. Restraint activity is discussed at staff meetings, in daily handovers and at clinical governance meetings.</p> <p>On the days of audit there was one resident with bed rails in place who could not consent to their use. The resident records confirmed consent had been obtained from the resident's spouse, and that there had been a comprehensive assessment prior to use and regular review and evaluation of the bed rails.</p> <p>Staff have completed training on de-escalation practices and techniques and safe restraint use. Staff meeting minutes sighted confirmed that restraint use, including the type and frequency of</p>

		restraint is reported to staff. The restraint committee meets at least six monthly and reviews all restraint use to ensure any use of restraint is as per policy and ensures the health and safety of residents and the staff
<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>There have been no emergency restraint episodes since the previous audit.</p> <p>On the days of audit, the one bed rail restraint in use was initiated to prevent the resident's likely roll out of bed. A comprehensive assessment for the safe use of this equipment was completed by the RN restraint coordinator with input from the spouse, the two directors one of whom is the clinical manager and the residents GP prior to use. This assessment included consideration and recording of all potential risks associated with the use or non-use of bedrails and confirmed there were no acceptable alternatives. For example, use of a low-low bed was not conducive for palliative care. The resident's family who consented to the intervention said they were provided with information, consulted and have been fully involved during their daily visits. They confirmed a cultural assessment was not indicated.</p> <p>The use of the bedrails was being monitored 24/7. Care staff record the cares provided, including movements and positioning, nutrition and hydration, skin integrity, cognitive state and mood of the resident and when the bed rails are on or off every two hours. The ongoing need is reviewed and evaluated by the restraint committee every three months.</p> <p>The restraint register recorded two previous episodes of short term restraint since the last audit, for palliative residents during their last days of life. One of these episodes was for one day. The records of these interventions contained evidence that the requirements in criteria 6.2.4 were met.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I</p>	FA	<p>The restraint committee meet every six months to review the extent of restraint used in the service. The committee meeting minutes contained an auditable record of discussions and sufficient detail to</p>

<p>can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>show a quality review focus. This included the collection, monitoring and reviewing of all restraint data and activities. There had been no incidents related to restraint use. Internal audit results confirmed that policy and procedures were adhered to, that staff were attending restraint specific education and that they had acceptable knowledge and understanding about safe restraint use and the need to minimise this. All restraint activity is reported and discussed at three monthly staff meetings, any changes are recorded in the daily communication book and share at shift handovers.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.2</p> <p>People receiving services shall be supported to access their communities of choice where possible.</p>	CI	<p>Residents are supported by the DT to access and participate in external community activities or events. Weekly van outings are organised for the residents. Competent residents can access community events independently as desired, or they are supported by their family/whānau.</p> <p>The activities programme demonstrates service improvements which lead to benefits and better health outcomes for residents. Since the previous audit the following initiatives have been successfully implemented and evaluated for effectiveness.</p> <p>Links with the local newspaper company was established. A local newspaper reporter visits the service and interviews residents who are willing to share their story. The stories are published in the local newspaper monthly with the residents' consent. Residents who have participated so far provided positive feedback stating that “they feel acknowledged as part of the community and not forgotten as elderly people in a rest home”. This is an ongoing activity and residents</p>	<p>The quality improvement initiatives successfully implemented have resulted in improved outcomes for the residents in relation to participation in community activities.</p>

		<p>confirmed that they will continue to participate.</p> <p>A pen pal activity initiative was implemented between residents and school children aged between seven to eight years from a nominated local school. Twenty-seven school children are matched with residents. The activity's stated objective was to increase meaningful community engagement for the residents. The school children and the residents share their interests and stories through writing to each other. The children were put into groups, and paired with residents they communicate with as their pen pals. The school children write in exercise books and share photos and the residents put their response in the books that are send back to the school children. The residents have visited the school children at their school and presented the children with some gifts. The school children are visiting the residents at the rest home and the resident were in the process of knitting some presents and doing rock painting for the children. This initiative has more resident involvement than any other activity and has significantly increased individual activities attendance as confirmed by records and the DT evaluation of the scheme since it was introduced. Interviewed residents said that having an opportunity to mingle with the children, share stories with them and visit the school was interesting and engaging . The residents stated that they were happy with the pen pal activity and look forward to more school visits and hosting the children when they visit the rest home.</p>	
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End of the report.