

# Manukau Healthcare Limited - Lady Elizabeth Home & Hospital

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## Introduction

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

The audit has been conducted by The DAA Group 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:** Manukau Healthcare Limited

**Premises audited:** Lady Elizabeth Home & Hospital

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

**Dates of audit:** Start date: 24 August 2023 End date: 25 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:** 53

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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

Manukau Healthcare Ltd – Lady Elizabeth Home and Hospital (Lady Elizabeth) is certified to provide rest home and hospital level care services for up to 55 residents.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts with Te Whatu Ora – Health New Zealand Counties Manukau (Te Whatu Ora Counties Manukau). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and a nurse practitioner. The facility is managed by the operations manager/clinical nurse manager, experienced in the disability sector, supported by the duty manager and the assistant manager. The management team have been in their roles since the new owners started on 9 November 2022. Residents and whānau were complementary about the care provided.

One area for improvement was identified at this audit related to police vetting new staff.

## 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 Māori health plan guides staff practices to ensure the needs of residents who identify as Māori can be met in a manner that respects their cultural values and beliefs. Staff understood the principles of Te Tiriti o Waitangi and Māori mana motuhake.

Policies, procedures and a model of care guides staff in the provision of culturally appropriate services for Pasifika residents.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld. Personal identity, independence, privacy, and dignity were respected and supported. Processes were in place to protect residents from abuse.

Residents and whānau receive information in an easy-to-understand format that enables them to feel listened to and make decisions about care and treatment. Open communication is practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were being followed wherever possible.

Processes are in place to resolve complaints promptly and effectively 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 medium or high risk and/or unattained and of low risk.
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The governing body, along with the day-to-day management team, assumes accountability for delivering a high-quality service. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifying trends to make improvements. Actual and potential hazards and risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service is aware of statutory and regulatory reporting obligations.

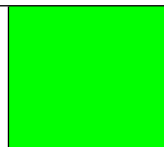
The recruitment process includes completion of an application form, interview, reference checking and verifying any qualifications, if applicable. Staff are orientated and managed using current good practice. Staff are provided with relevant ongoing education.

Staffing is adjusted to meet the changing needs of residents. There is at least one registered nurse on duty at all times.

Resident records are sufficiently detailed, integrated and secure.

## 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.

Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

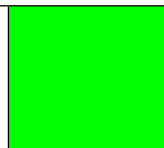
The service uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary preferences with special cultural needs catered for. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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

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

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



Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained and inclusive of residents' cultural needs. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Call bells are present in all bedrooms and bathrooms. Staff, residents and whānau understood emergency and security arrangements. Appropriate security is maintained.

## **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.
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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator, who is the senior registered nurse, is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan. Aged-care specific infection surveillance is undertaken with follow-up action taken as required. There has been no infection outbreak of COVID-19 reported since the last audit.

The environment supports both the prevention of infections and mitigating their transmission. Waste and hazardous substances were being well managed. Cleaning and linen services were safe and effective.

## 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 is a restraint-free environment and has been since the change of ownership on 9 November 2022. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.



## 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	0	1	0	0
Criteria	0	167	0	0	1	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A cultural safety and Māori health plan has been developed. This includes working collaboratively to embrace, support and encourage a Māori worldview of health and provide high quality, effective and equitable services for Māori, framed by acknowledging Te Tiriti o Waitangi. Enacting Te Tiriti o Waitangi within all its work, recognising Māori and supporting Māori in their aspirations is explicit. The document provides guidance for staff on culturally appropriate care, and references the principles of partnership, participation and protection, and holistic concepts of health (pae ora).</p> <p>Staff, managers and the owners have completed education related to the provision of culturally appropriate care. Residents and whānau interviewed were satisfied their care needs (including cultural needs) were being met. There are no residents or staff that identify as Māori. The management team note they are working to change this and gave some examples of actions taken to try and improve this. The management team note they are actively seeking employees that identify as Māori.</p>

		<p>The operations manager/clinical nurse manager (OM/CNM) have held discussions with a representative at Te Oranga Kaumatua/Kuia Disability Support Services Trust who are available at request to support the management team, residents and whānau, and staff as and when required to ensure the needs of Māori residents are met.</p> <p>Policy states a commitment to employ staff representative of the ethnic groupings of residents, to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences.</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>A number of policies and procedures are available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents that have been published. The provision of equitable services that are underpinned by the Pacific people's worldview policy notes 'to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and whānau'. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home.</p> <p>Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There are currently residents that identify as Pasifika. The management team advised the family/whānau of any resident that identifies as Pasifika are consulted to ensure any individual needs and supports for the resident are identified and met. The management team advised contact has been made with Fonua Ola Services who are available to support residents and whānau if required.</p> <p>There are staff employed who identify as Pasifika, including at senior or management level.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	<p>FA</p>	<p>All staff interviewed at Lady Elizabeth understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes.</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>Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code was conducted and evidence of this was sighted.</p> <p>There were no residents or staff who identified as Māori. The operations manager/clinical nurse manager (OM/CNM) reported that the service recognises Māori mana motuhake (self-determination) of residents, whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' 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>Residents are supported in a way that is inclusive and respects their identity and experiences. Whānau and residents, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records 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 OM/CNM 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. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. 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 had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori and tikanga practices. The OM/CNM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually.</p> <p>Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The OM/CNM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the registered nurses (RNs) and OM/CNM who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  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>Residents and whānau reported that communication was open and effective, and they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents.</p>

		<p>Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. The nurse practitioner (NP), OM/CNM, and RNs reported that anticipatory conversations relating to the impending death of residents on palliative care is conducted on an ongoing basis with the resident, and EPOA/whānau/family. This was further reiterated by the NP who stated that the nursing team is always proactive in ascertaining a resident's preferences and choices regarding interventions and place of care.</p> <p>The staff reported that verbal and non-verbal communication cards 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>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the geriatrician, and NP for residents who were unable to provide consent. The OM/CNM and RNs reported that the NP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's whānau. This was verified in interviews with residents, their whānau, and the NP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable. The</p>

		informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.
<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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. There have been no complaints since the last audit related to services provided since the change of ownership. Complaints forms and a drop box are available to residents at the nursing station. Complaints Information is included in the admission pack. The OM/CNM detailed how complaints would be managed to ensure cultural safety and that the complaints process works equitably for Māori.</p> <p>The one complaint that was sighted was from the Health and Disability Commissioner and related to services provided when the care home was owned by the previous owner. This complaint has been closed and the recommendations made have been fully implemented as observed during audit. There have been no other complaints received from external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Lady Elizabeth provides aged-related residential care (ARRC) at hospital and rest home level of care. Lady Elizabeth has two owners/directors. They have owned the care home since 9 November 2022 and have over 20 years in the ARRC sector owning other aged-related residential care (ARRC) facilities in Auckland. The owners/directors come and meet formally with the management team monthly for an 'integrated meeting' and are available via phone, text or email when not on site.</p> <p>The OM/CNM is appropriately experienced and is responsible for ensuring the day-to-day care needs of the residents are being met. The OM/CNM has a current annual practising certificate, appropriate aged-related residential care (ARRC) experience, interRAI competency and has been in the role since the change of ownership. The OM/CNM has worked with the care home owner for over 20 years prior in other ARRC facilities. The OM/CNM has attended over</p>

	<p>eight hours of relevant education in the past year. The CNM is supported by the registered nurses, duty manager and the assistant manager.</p> <p>Policies and procedures have been developed with current references including those related to equity and outcomes for Māori. The OM/CNM has contacted Te Oranga Kaumatua/Kuia Disability Support Services Trust and ongoing advice and support is available at request in the event this is needed. Also, to ensure appropriate services are provided to Māori and their whānau (refer to 1.1). There have been no concerns raised about the cultural appropriateness of care provided to residents and whānau interviewed.</p> <p>The owner interviewed confirmed the two owners/directors have attended training on Te Tiriti, equity, and cultural safety. Improving outcomes and achieving equity for Māori are priorities as verified with the OM/CNM. The owner/director interviewed advised being unaware of any barriers for Māori residents to access services, however, notes the current residents are reflective of the local community population.</p> <p>The owner and CNM confirmed a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services/care. This includes reviewing services for tāngata whaikaha via the care planning and review process and environment audits.</p> <p>The owner of Lady Elizabeth assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation</li> <li>• appointing an experienced and suitably qualified person to manage the services</li> <li>• identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals</li> </ul>
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		<ul style="list-style-type: none"> <li>demonstrating leadership and commitment to quality and risk management</li> </ul> <p>The OM/CNM confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within their fields and have advice and support available.</p> <p>The service has Aged-Related Residential Care (ARRC) contracts with Te Whatu Ora Counties Manukau for hospital level and rest home level of care and residential respite services. There is also a contract with Whaikaha (Ministry of Disabled People) at continuing care and rest home level care. On the days of audit there are 53 residents receiving care. This included 17 residents receiving ARRC rest home level of care (including one respite), and 33 at ARCC hospital level care. There are three hospital level care residents receiving services funded by Whaikaha.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, internal and external audit activities, resident and family/whānau satisfaction surveys, monitoring of resident outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The OM/CNM is responsible for implementation of the quality and risk system with the assistance of the duty manager and assistant manager. The quality goals are documented and progress to achieve these monitored over time.</p> <p>A resident/relative satisfaction survey was undertaken in March 2023 with residents and relatives being offered the opportunity of providing feedback, with 15 responses received.</p> <p>Resident meetings are occurring and minutes of three meetings were sighted. The management team advised residents and whānau can provide feedback at any time to any of them.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. Relevant corrective actions are developed and</p>

		<p>implemented to address any identified shortfalls.</p> <p>Organisational policies, procedures and associated documentation reviewed covered all necessary aspects of the service and contractual requirements. These have been developed by an external consultant and updated to meet the Ngā Paerewa standards. Policies are available for staff electronically.</p> <p>Health and safety systems are being implemented according to the health and safety policy. This is overseen by the OM/CNM and duty manager. Health and safety is included in the orientation and ongoing education programme.</p> <p>Organisation business risks are identified, and mitigation strategies implemented for aspects within the owner's control. Inequity for Māori and Pasifika is a priority, and the management team are considering how this can be improved.</p> <p>Staff are advised of quality and risk information via staff meetings, shift handover discussions, the communication book and notices on the staff notice board. Staff confirmed they are informed of relevant information including incidents and accidents, infections, training topics, hazards, system and process changes, and new and amended policy or procedures.</p> <p>Staff document adverse and near miss events. The service complies with the National Adverse Event Reporting Policy. A sample of incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The OM/CNM is responsible for oversight of the incident management process and for essential notification reporting requirements and can detail the type of events that must be reported and to whom. The OM/CNM advises there have been no events requiring notification since the last audit. The notification about the change in facility/clinical manager is reported to have been submitted prior to 9 November 2022 (the date the care home changed ownership).</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a policy and process for determining staffing and skill mix. In addition to the OM/CNM who works weekdays, there is one registered nurse on duty 24 hours a day. An enrolled nurse works morning shifts including the weekend. The members of the management team work together, with each having allocated roles and responsibilities. The OM/CNM advised recruitment is occurring for one caregiver. There are no other vacancies. A nurse practitioner provides regular care home services. There is a general practitioner or nurse practitioner on call after hours.</p> <p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and records of attendance are maintained. Inservice sessions are held most weekdays with topics repeated to assist staff in attending.</p> <p>There is at least one staff member on duty at all times with a current first aid certificate.</p> <p>Staff have been provided with training on Te Tiriti and cultural safety. There are processes in place to ensure the competencies of health care and support workers to meet the needs of people equitably, to include high quality Māori health information in the education programme provided, and to invest in the development of staff health equity expertise.</p> <p>There are a range of activities being undertaken to support staff wellbeing. This includes shared meals, cultural celebrations where staff are encouraged to dress in a culturally traditional manner, and afternoon teas. Staff interviewed felt well supported.</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.  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>PA Moderate</p>	<p>Human resources management policies and processes align with current accepted practice except for police vetting. This is an area requiring improvement. Sufficiently detailed position descriptions and current employment contracts are in place. Records of professional qualifications for employed and contracted registered health professionals are on file and annual practising certificates (APC's) are checked for currency each year.</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>Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have a period of time supernumerary. The time allocated gives consideration of the role and past experience. They are allocated to work with a senior staff member. This helps the new employee learn the care home activities, and to be introduced to the residents and their care needs. Key information is provided related to the facility, policies, quality and risk programme, human resource topics, emergency response, security and skills relevant to their role. The management team advised additional orientation time is provided if required. A role-specific orientation workbook is completed.</p> <p>Staff performance is reviewed and discussed annually with records reviewed confirming this is occurring. Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements and kept securely.</p> <p>Staff advised they have been provided with good support in relation to reported incidents. Managers advise they are able to refer staff to independent employee assistant programmes for advice/support.</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>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a NHI number on</p>

		admission.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA or whānau of choice, and where appropriate, local communities and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents requiring hospital, rest home, and residential care not aged, level of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The OM/CNM, and RNs, reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/whānau are referred to a referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents who identified as Māori at the time of the audit. The service is collecting and analysing entry and decline rates including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	FA	<p>All files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include</p>

<p>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>consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff; interRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, EPOA, and/or whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, whānau/EPOA, and NP involvement is encouraged in the plan of care.</p> <p>The NP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The OM/CNM and RNs reported that sufficient and appropriate information is shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition is reported to the nursing team and this was evidenced in the records sampled.</p> <p>Interviews verified residents and EPOA/whānau are included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p> <p>The Māori health care plan in place reflects the partnership and</p>
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		<p>support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by the OM/CNM with support from the activities coordinator. The programme runs from Monday to Friday with weekends reserved for church services, movies, visits from family and friends, and other activities that are facilitated by the care staff. The activities are based on assessments, and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are undertaken monthly. An activities assessments detailing residents' life history is completed for each resident within two weeks of admission in consultation with the resident and their EPOA or whānau.</p> <p>The activity programme is formulated in consultation with the registered nurses, EPOAs/whānau, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home and hospital level of care. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau and friends. Outings are conducted as required by the service and in the company of EPOA/whānau and friends except under COVID-19 national restrictions.</p> <p>There were no residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and</p>

		<p>cultural festivals such as Māori Language Week and Matariki, cultural practices, such as karakia, and playing Māori music.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p><b>Subsection 3.4: My medication</b></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>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. The system described medication prescribing, dispensing, administration, review, reconciliation and reporting errors. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The NP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of pro re nata (PRN) medications was documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures were being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Two RNs were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley,</p>



		<p>locked treatment rooms, and cupboards.</p> <p>There were residents self-administering medications. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the OM/CNM and Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 15 May 2024. The menu was reviewed by a registered dietitian on 25 May 2022. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights were monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded on the electronic management system. All decanted food had records of 'use by' dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA and residents interviewed indicated satisfaction with the food service.</p>

		The cook reported that the service prepares food that is culturally specific to different cultures.
<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 documented process in the management of the early discharge/unexpected exit plan and transfer from services. The OM/CNM reported that discharges are normally into other similar facilities. Discharges are overseen by the nursing team who manage the process until exit. All this is conducted in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The OM/CNM advised all beds are certified as 'dual purpose beds' and can be used for either rest home or hospital level of care. All rooms are single occupancy. One has a full bathroom ensuite.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed on a</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>rotational basis for resident areas; these were sighted and were all within acceptable limits. The building has a warrant of fitness which expires on 21 August 2024. There were no plans for further building projects requiring consultation, but Lady Elizabeth directors were aware of the requirement to consult and co-design with Māori if this was envisaged. The environment was comfortable and accessible, promoting independence and safe mobility.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs, including younger persons. Spaces were culturally inclusive and suited the needs of the resident groups. All outdoor areas are planted and landscaped and there are areas external to the building for residents to enjoy with appropriate seating and shade. There are shared dining rooms and lounge areas, a sun corridor along with a hall that is used for chapel services and activities. There is sufficient space for residents' recreation.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All areas and offices have signs in English, te reo Māori and some are also in Hindi and Samoan. There are separate toilets available for staff and visitors.</p> <p>Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Corridors have handrails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the internal and external areas with mobility aids during the audit. The facility is heated using electric wall panel heaters and heat pumps.</p> <p>Residents and their whānau who were interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>FA</p>	<p>Disaster, pandemic, and civil defence plans and policies direct the facility in their preparation for such challenges. These described the procedures to be followed as well as the duties required by staff (eg, as fire wardens). Staff have been trained in fire and emergency</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>management and those interviewed knew what to do in an emergency. A letter was sighted dated 23 July 2008 from the New Zealand Fire Service noting that the fire evacuation plan approved on 21 November 2000 remains current. A fire evacuation drill was last held on 4 May 2023.</p> <p>Emergency flipcharts guide staff in the event of an emergency and adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage there is a generator on site. This is tested monthly and the OM/CNM advises can run for approximately 48-72 hours 'depending on the load'. Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person certified in first aid is on site 24/7.</p> <p>Call bells alert staff to residents requiring assistance; these are present in all rooms, and bathroom areas. Call bells are checked as part of the internal audit programme. Residents and whānau interviewed reported staff respond promptly to call bells, and call bells were sighted near to residents during the audit.</p> <p>Appropriate security arrangements are in place. The building is secured after hours and staff complete security checks at night. Residents were familiar with emergency and security arrangements.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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) programmes are led by the operations manager/clinical nurse manager. Infection prevention and control and antimicrobial stewardship policies and procedures are appropriate for Lady Elizabeth and the owner confirmed have been endorsed by them. The IP programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme. This includes reports on significant infection events.</p> <p>Expertise and advice are sought from the nurse practitioner, Te</p>

		<p>Whatu Ora Counties Manukau infection control team, and experts from the local public health unit as and when required. The owner attends the monthly 'integrated' management team meetings where infection control issues are discussed.</p> <p>A pandemic/infectious diseases response plan is documented, and staff provided with training on this. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The OM/CNM coordinates the implementation of the (IPC) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The OM/CNM has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from an external consultant. The IPC programme was approved by the OM/CNM and director's team and is linked to the quality improvement programme. An IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing 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 handwashing and advice about remaining in their</p>

		<p>room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the directors on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora Counties Manukau. The OM/CNM stated that the directors 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.</p> <p>Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, 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 colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IP observed, and thus acknowledge the spirit of Te Tiriti.</p> <p>The OM/CNM reported that residents who identify as Māori are consulted on IP requirements as needed. In interviews, staff understood these requirements. The service has 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</p>	<p>FA</p>	<p>The 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 regional clinical team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of</p>

<p>and easy to access, and messages are clear and relevant. 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>		<p>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 treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobials 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. 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. Benchmarking is completed with other similar sister facilities.</p> <p>Residents and family/whānau where required 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. There have been no COVID-19 infection outbreaks reported since the previous audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within</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</p>

<p>the environment.  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.  As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>the laundry. Cleaning products were in labelled bottles. Cleaners 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.</p> <p>The cleaning of the service is contracted to an outside company. 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 cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>There are designated laundry staff who are responsible for all laundry at the service. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents’ interviews 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.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Lady Elizabeth is committed to a restraint-free environment and has been restraint free since the change of ownership in November 2022.</p> <p>There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (eg, use of low/low beds). The owners/directors confirmed this goal, and that the operations manager/clinical nurse manager is responsible for the day-to-day restraint elimination activities, for monitoring restraint use and formally reporting monthly to the board. Documentation confirmed that restraint is discussed in the ‘integrated meeting’ and that there has been no restraint.</p>



		<p>Policies and procedures are in place which meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the OM/CNM who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p> <p>Restraint protocols are covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency) and restraint use is identified as part of the quality programme and reported at all levels of the organisation. The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. Restraint would be used only as a last resort and when all other strategies had been ineffective.</p> <p>The RC has a restraint register. The criteria on the restraint register have designated areas to record appropriate information to provide an auditable record of restraint should this be required. Registered nurses undertake a review of all residents who may be at risk, and this is documented in the clinical records. Strategies to be used to prevent restraint being required is documented in the residents' individualised care plan. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA</p> <p>Moderate</p>	<p>Human resources management processes are based on good employment practice and includes staff completing an application, interview, reference checks and verifying any qualifications where applicable. Consent for police vetting is obtained from new employees but not actioned unless the management team have any concerns about the applicants' references, as discussed with the management team at audit. Completed police vetting was not sighted in any sampled staff files (including those whose employment continued from the prior owner). The management team subsequently advised some staff have been recruited internationally and police vetting occurs as part of this process.</p>	<p>Police vetting of new employees is not occurring.</p>	<p>Implement police vetting as part of the recruitment processes.</p> <p>60 days</p>

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

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

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

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

No data to display
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End of the report.