

# The Russley Village Limited - Ashley Suites

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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:** The Russley Village Limited

**Premises audited:** Ashley Suites

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

**Dates of audit:** Start date: 7 September 2023 End date: 8 September 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:** 45

# 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

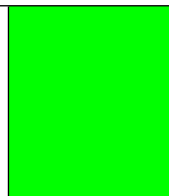
The Russley Village Limited – Ashley Care Suites ( Russley Village) provides rest home and hospital level care for up to 52 residents. The service is operated by Generus Living Group. The facility is managed by a health service manager who is supported by the clinical manager who oversees all clinical services. Residents and families interviewed spoke highly about the care and management provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards NZS 8134:2021 and the provider’s contract with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury). The certification process included review of policies and procedures, review of residents’ and staff records, and observations and interviews with residents and family members. The general practitioner and staff were interviewed.

No areas were identified as requiring improvement. Two continuous improvement ratings were attained in relationship to the falls prevention programme and the activities hydrotherapy programme.

## 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 cultural safety policy guides staff to ensure the needs of residents who identify as Māori are met. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evident in services provision. The Māori health plan guides staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.


Residents and their family are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive education on the Code. The provider maintains a socially inclusive and person-centred service.

Residents confirmed that they are treated with dignity and respect. Consent is obtained where and when required. Residents and family 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. Family and legal representatives are involved in decision-making. Advance directives are followed wherever possible.

Residents are safe from abuse.

Residents and family/whānau are informed about the complaints process at the time of admission. A complaints policy and process guides staff to ensure any complaints are resolved promptly and effectively.

## 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.
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The management team and governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

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 family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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.
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Entry processes are efficiently managed. Relevant information is provided to the potential resident/family. Qualified personnel assess residents on admission. The service works in partnership with the residents and their family to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are referred to specialist services and to other health services as required.

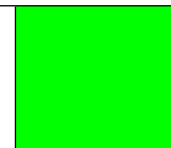
Resident are supported to maintain and develop their interests and to participate in meaningful activities involving the community and other social activities suitable to their age and stage of life. The planned activity programme provides residents with a variety of individual and group activities.

Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special 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.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible, safe and 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. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells.

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

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

Subsections applicable to this service fully attained.

The 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. A suitably qualified registered nurse leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated a good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. One infection outbreak has been reported since the previous audit and was managed effectively with records maintained.



## 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 aims for a restraint-free environment. This is supported by the management team and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, and alternative interventions.

### 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	27	0	0	0	0	0
Criteria	2	166	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

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Russley Village has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values.</p> <p>A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. The health services manager (HSM) has established links with a local marae and with Te Whatu Ora Waitaha Canterbury.</p> <p>The Russley Village is committed to creating employment opportunities for Māori through actively recruiting a Māori health workforce across all organisational roles.</p> <p>There were no residents and no staff who identified as Māori on the day of the audit.</p> <p>The HSM and staff reported, and documentation confirmed, staff have attended cultural safety training.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Russley Village works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. There were staff who identify as Pasifika who bring their own skills and expertise. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the activities co-ordinator to identify any requirements.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference. The Russley Village has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include Pacific models of care.</p> <p>There were residents and staff who identified as Pasifika at the time of audit.</p> <p>The Russley Village identifies and works in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service.</p> <p>The health services manager (HSM) has links with the Pasifika community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-</p>	<p>FA</p>	<p>Training on the Code of Health and Disability Services Consumers' Rights (the Code) is part of the orientation process and ongoing annual training as verified in staff training records sampled. Staff understood residents' rights and gave examples of how they</p>

<p>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>incorporate these into daily practice. The Code was available in different languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters and pamphlets were displayed at the reception area. Residents and family/whānau confirmed that services were provided at The Russley Village in a manner that complies with their rights.</p> <p>Staff interviewed reported that they supported residents to know and understand their rights and that their mana motuhake is recognised. The clinical manager (CM) stated that care plans are individualised and those reviewed evidenced residents' input into their care and that choices and independence were promoted. The Māori health plan in place identified how the service would support Māori mana motuhake. Staff have completed cultural training which includes current rights in relation to health equity.</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>A guideline for accessibility and care for residents who identify as disabled is documented to guide staff. Residents and family/whānau confirmed being involved in the assessment and care planning process, where they are provided with opportunities to share what is important to them as individuals. Residents' cultural values and beliefs are assessed on admission. Services are provided in a manner that has regard for residents' privacy, dignity, confidentiality and preferred level of interdependence. Residents have individual care suites. Staff have received education on Te Tiriti o Waitangi and cultural safety/tikanga best practice, and they understood the requirements and how to apply it into daily activities.</p> <p>There were no residents who identified as Māori on the days of the audit. Cultural guidelines are in place to promote Māori and tikanga practices when required. The CM stated that Māori cultural advice is provided through Te Whatu Ora Waitaha Canterbury if required. The CM reported that tāngata whaikaha needs are responded to as assessed and they are supported to participate in te ao Māori as desired. Residents expressed satisfaction with the support provided in</p>

		relation to their cultural needs. Staff were observed supporting residents in a respectful manner.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The policy to manage abuse and neglect acknowledges the reality of institutional and systemic racism in the health care system in Aotearoa. The service (Ashley Care Suites) is committed to the elimination of inequity for Māori within the service by identifying and eliminating barriers to care. The CM reported that the Ashley Care Suites has zero tolerance for abuse and any observed or reported racism, abuse or exploitation would be addressed promptly.</p> <p>Professional boundaries, the Code of conduct, misconduct, discrimination, and abuse and neglect information is included in the staff employment handbook. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect and/or exploitation. Residents interviewed confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission and respected.</p> <p>The RN stated that a Māori holistic health care plan in place, will be used to complete care plans for Māori residents. The service is planning to develop a system to monitor institutional racism.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>The Russley Village staff have access to interpreter services should this be required. An interpreter was available through the twenty-four-hour, seven days a week (24/7) national interpreter service. Residents, family/whānau and enduring powers of attorney (EPOAs) are given opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. The</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>general practitioner (GP), CM and RNs interviewed understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the CM. Residents and family/whānau expressed satisfaction with communication and the response to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>Information provided to residents, family/whānau or EPOAs is in English and Māori. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow. Communication with other agencies and allied health providers involved in residents' care was evidenced in the residents' records reviewed. All staff were able to speak English although staff came from diverse backgrounds.</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>Informed consent is obtained for all procedures and all treatments as needed. The informed consent policy explains the process. Residents are provided with all information that supports the resident to make an informed decision. Residents have the right to decline/refuse treatment/care at any time. Tikanga guidelines are included in the consent policy and used. Staff interviewed understood the principles and practice of informed consent. Informed consent was obtained as part of the admission documents which the resident and family/whānau or the nominated legal representative signed on admission. Staff were observed to gain consent for daily cares.</p> <p>Resuscitation treatment plans/advance directives were available in residents' records. The GP signed resuscitation treatment plans for residents who were unable to provide consent, in consultation with family/whānau and EPOAs.</p>

		Residents confirmed being provided with information and being involved in making decisions about their care. Where required, a nominated support person was involved with the resident's consent. The CM reported that residents can be offered a support person through the advocacy services when required. Communication records verified inclusion of support people where appropriate.
<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.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception on the ground floor, and in the foyer on level two. The Code is available in te reo Māori and English.</p> <p>No complaints have been received since the last audit. There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint.</p> <p>Minor concerns are logged in a register. Entries were observed to be addressed and signed off by the manager.</p> <p>The HSM is responsible for complaints management and follow-up.</p> <p>The business care manager (BCM) and HSM reported, and documentation evidenced that a translator who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</p>
Subsection 2.1: Governance	FA	The Generus Living Group operations are led by an engaged and involved director and executive leadership team who assume

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>accountability for delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha and honouring Te Tiriti through advice from external Māori advisors.</p> <p>The business care manager (BCM) who is part of the executive leadership team confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field through sector communication, training, Te Whatu Ora Waitaha Canterbury, and colleagues.</p> <p>The Russley Village has access to a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The health services manager (HSM) is responsible for management of the facility, supported by the clinical manager (CM), with oversight from the BCM. The HSM has been in the role since February 2023, was previously the CM, has been in management roles since 2016, and is an RN with 10 years' experience in the aged care sector. The CM who has been in the role since April 2023, is an RN with six years' experience in the aged care sector. The BCM has been in the role since March 2008 and is an RN with management training and experience. When the HSM is absent, the CM carries out all the required duties under delegated authority with support from the BCM and village RN.</p> <p>The 2022-2023 business plan includes the strengths, weaknesses, opportunities and threat analysis, goals, vision, and mission statement.</p> <p>The clinical team, guided by the clinical governance policy and a clinical manager, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the</p>
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		<p>clinical meetings were sighted.</p> <p>The executive leadership team, through the BCM, demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, processes and through feedback mechanisms, and purchasing equipment.</p> <p>The HSM's report to the BCM showed reporting is of a consistent format and includes adequate information to monitor performance. The report includes information on occupancy, the environment and improvements, infections, staffing and training.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whanau, and healthcare assistants' (HCAs') knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The HSM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, training, and advice from external cultural advisors.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, and family/whānau meeting minutes evidenced positive feedback.</p>
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		<p>The service holds contracts with Te Whatu Ora Waitaha Canterbury for age-related residential care (ARRC), rest home, hospital level care for up to 52 residents. The eight beds added since the surveillance audit were approved by Manatū Hauora. Forty-five beds were occupied on the first day of the audit. The facility provides respite, palliative care/end-of-life care. Forty residents were receiving services under the contracts on the day of the audit. Fifteen residents were receiving rest home level of care and twenty-five were receiving hospital level care. Additionally, one resident was funded by Accident Compensation Corporation (ACC), four residents were receiving care under service packages, including one private paying resident.</p> <p>Thirty-six beds are care suites beds, and eight two-bedroomed serviced apartments are available in the Ashley Suite building and these are promoted for occupation under a care bond agreement, also known as occupation rights agreement (ORA) or via a deluxe care package. All 52 beds are certified as 'swing beds' for rest home or hospital level care.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, whānau and HCAs contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed. The last resident survey was completed in 2022, with residents satisfied with the service delivered. Evidence was sighted of implemented corrective actions being reported back to the residents' meeting in January 2023. The next survey is due to be completed by the end of November 2023.</p> <p>The last staff survey was completed during September 2022. Results were satisfactory. Evidence was sighted of quality improvements</p>

	<p>being implemented, such as an HCA completing training as a Careerforce assessor, and staff cultural and social activities.</p> <p>The HSM is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed and confirmed there have been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to a weekly operations meeting and weekly activity-related meetings, there have been monthly quality and risk meetings, registered nurse meetings and resident meetings. Separate monthly meetings cover health and safety and infection control, and another staff meeting covers falls, restraint/enabler use and complaints.</p> <p>The HSM reports to the BCM who reports to the director and executive team. An example of the HSM's report was sighted.</p> <p>Quality improvement initiatives include a falls prevention programme, ceiling hoist in care suites, and an electronic touch-screen whiteboard.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2023 internal audit schedule was sighted. Completed audits include infection prevention, kitchen, laundry, electronic medical records, and staff files. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The HSM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p>
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		<p>Documented risks include falls, infection prevention and cross infection, sharps, oxygen cylinders, and potential inequities. Organisational risks are managed through the head office.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident related incidents are being disclosed with the designated next of kin. The provider is not required to follow the external reporting under the National Adverse Event Reporting Policy.</p> <p>The HSM understood and has complied with essential notification reporting requirements. Examples were discussed. The change of the health service manager was made on 27 February 2023, and the change of the clinical manager notification was made on 11 April 2023. The section 31 notifications were sighted. One section 31 notification relating to a pressure injury was forwarded to HealthCERT on 19 July 2023. There have not been any police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they are learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, for example infections, skin care and falls. The HSM reported that benchmarking data in all areas compare positively against all benchmarks.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>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 across all levels. (24/7). A safe rostering tool is used. The facility adjusts staffing in any unplanned absence. The physical environments are considered as the hospital and rest home areas are located across different levels. Residents and family/whānau and HCA interviewed confirmed there were sufficient staff.</p> <p>The HSM and HCAs reported that at least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>The HSM reported that if staff are called to the retirement village in an emergency, an HCA attends, or an ambulance is called.</p> <p>An afterhours on-call system is in place with the CM and HSM sharing on call 24/7. Both are registered nurses with a current annual practising certificate. Staff reported that good access to advice is available when needed.</p> <p>There are staff who have worked in this care home for between one month and three and a half years.</p> <p>The HSM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practising certificates (APCs) where required.</p> <p>The competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, the aging process, cultural training, fire knowledge, handwashing, hoist, infection prevention, interRAI, and restraint competencies confirmed the training.</p>
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		<p>Continuing education is planned on an annual basis including mandatory training requirements. The HSM reported and HCAs confirmed that staff hold level three and level four New Zealand Qualification Authority (NZQA) education qualifications. Evidence was sighted that an HCA recently completed the NZQA qualifications assessor training. Ten of the eleven registered nurses are interRAI trained. One RN is booked to complete the training. Training is provided either face-to-face or on-line and includes advocacy, chemicals management, cultural safety, fire safety, first aid, infection prevention, manual handling, medications, and pressure injuries. 'Toolbox' training topics included a post COVID-19 debrief. HCAs are allocated eight hours training per annum, and RNs are allocated 20 hours per annum.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Positive comments regarding the meals were noted in the minutes.</p> <p>The HSM interviewed reported that The Russley Village is building on their own knowledge through cultural training, which included all aspects of the Te Tiriti. In addition to this, the service collaborates with and has ongoing communication with the residents, family/whānau. Some staff are enrolled in courses and learning te reo Māori. The use of te reo Māori both in language, signage and email greetings was sighted. Further training is also being undertaken to ensure staff fully understood about health equity and the collecting and sharing of high-quality Māori health information. The organisation has a commitment to include, provide and to invest in staff equity expertise. The HSM reported that where health equity expertise is not available, external agencies are contacted. For example, Te Whatu Ora Waitaha Canterbury palliative care and gerontology staff.</p>
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		<p>Staff reported feeling well supported and safe in the workplace through, for example, the employee assistance programme, flu vaccines, cultural events, and BBQs.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of seven staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions are documented and were sighted in the files reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter.</p> <p>The HSM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the 11 registered nurses, pharmacist, dietitian, general practitioner, physiotherapist, and the podiatrist. All were current.</p> <p>Staff orientation includes all necessary components relevant to the role. HCA reported that the orientation process prepared them well for their role. New HCAs described their orientation and that they are buddied with an experienced HCA for up to three weeks if required. Orientation includes falls, bedmaking, documentation and communication, residents' personal cares and hygiene and security.</p> <p>HCAs confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p>

		HCA reported incident reports are discussed at HCA meetings. The HCAs have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.
<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>	FA	<p>Policies and procedures guide staff in the management of information. Backup database systems are in place.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit. Archive records are stored safely and securely offsite.</p> <p>The provider is not responsible for registering residents' national health index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The entry criteria are clearly communicated to interested parties, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information in a compendium about the service, and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment Service Coordination (NASC) agency.</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. The service maintains a record of the enquiries and a register of all residents. Implementation to perform a routine analysis of entry and decline rates, as part of the quality management programme including specific rates for Māori, is occurring. The service is continually</p>



		<p>working towards forming a partnership with local Māori communities to support Māori residents and whānau more efficiently, although no residents currently identify as Māori. The Generus Living Group already has established links with Māori, and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation, and business model. Residents can have access to complimentary/traditional medicines if desired.</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 RNs are responsible for completing nursing assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau, where appropriate. The service uses recognised assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values and beliefs.</p> <p>InterRAI assessments were completed within the required timeframe of three weeks after admission to Ashley Care Suites. A range of clinical assessments, including interRAI, referral information and the NASC assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA), where appropriate, were involved in the assessment and care planning processes. All residents' records had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family confirmed their involvement in the assessment process.</p> <p>The care plans sampled identified residents' strengths, goals and aspirations, aligned with their values and beliefs. Detailed strategies to maintain and promote the residents' independence, wellbeing and, where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of response to planned care. Any family goals and aspirations identified were also addressed in the care</p>

		<p>plan.</p> <p>The Māori health care plan template to be used for any Māori residents includes Māori healing methodologies, such as karakia, mirimiri and rongoā. The care planning processes will support residents who identify as Māori and whānau to identify their own pae ora when required. Cultural guidelines have been used to complete Māori health and wellbeing assessments, to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The staff confirmed that they understood the process to support residents and whānau. Barriers that prevent tangatā whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori health plan reviewed, and the NM reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the GP within the 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. Medical records were evidenced in the records sighted.</p> <p>The care plans were integrated with other health professionals and allied health professional input. 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 allied health and specialist services as indicated, were evidenced in the records reviewed. The GP confirmed at interview that they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Residents' care was evaluated on each shift and documented by the care staff in the progress records. Any changes were reported to the RN, as confirmed in the records sampled. The care plans were</p>
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		<p>reviewed at least six-monthly following the interRAI re-assessments. Short-term care (STC) plans were completed for acute conditions and reviewed weekly or earlier if clinically indicated.</p> <p>Where progress was different than expected, the service in collaboration with the resident and family, responded to initiating changes to the care plan. This process was followed through as a project and worthy of a continuous improvement rating (refer to criterion 3.2.5). Residents have significantly improved in relation to gaining strength and their balance has improved due to the success of the falls prevention programme.</p> <p>Residents' records, observations and interviews verified the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available suited to the level of care provided and in accordance with the residents' needs. Family interviewed confirmed their involvement in evaluation of progress and any resulting changes.</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>The diversional therapist and a co-ordinator implement the activities programme seven days a week for residents. One covers Sunday to Thursday and the other Tuesday to Saturday. The activities programme with support of staff meets the needs, interests, abilities and social requirements for all residents. An assessment is performed with input from the resident and their family on admission. The weekly plan is displayed on each level of the facility, and residents each receive a copy of the plan and a copy is sent to all families who can attend any sessions they wish. External outings are provided and the timetable of the van leaving and returning to the facility is also displayed. The activities programme is reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is meaningful to the residents. Residents' activity needs are evaluated as part of the formal six-monthly interRAI assessments and care plan review, and when there is a significant change in the residents' ability. This was evidenced in the records sampled.</p>

		<p>Activities on the programme reflected residents' goals, ordinary patterns of life, and included normal community activities. Some residents were able to go out of the home to visit family and friends in the community. Activities included morning walks, social morning tea, music appreciation, church services, news and views, smartboard, poi practice, entertainers, movies, arts and crafts, bingo, and hydrotherapy sessions. One-on-one activities are provided to those who cannot participate in the group activities provided.</p> <p>Activities attendance records were maintained. Residents were observed participating in a variety of activities on the day of the audit. Interviewed residents and family confirmed they find the programme satisfactory. Cultural and Māori activities are encouraged, and the programme includes activities to meet the cultural needs of residents. There were no residents who identified as Māori at the time of the audit.</p> <p>A continuous improvement has been attained for the implemented hydrotherapy programme that has supported improved outcomes for residents in relation to cognition, psychological (depression), reduction in falls, and physical strengthening and increased mobility (refer to 3.3.1). This programme is also linked to the falls prevention programme (CI) outlined in 3.2.5.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The implemented medicine management system is appropriate to the scope of the service. The medication policies identified all aspects of medicine management in line with current legislative practice guidelines. An electronic medication management system is used. A registered nurse was observed administering medicines correctly. Staff demonstrated good knowledge and had a clear understanding of their role and responsibilities in relation to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication</p>

		<p>administration competency.</p> <p>Medicines were prescribed by the GP and over-the-counter medications and supplements were documented on the medicine charts where required. 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) medicine. Medicine allergies and sensitivities were documented on the resident's medication record and clinical record. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used. This was verified by the GP interviewed.</p> <p>The service uses pre-packed medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the contracted pharmacy, and when the resident was transferred back to the service the GP and pharmacist also reviewed the medication records. All medicines in the medication cupboard and trolley were within current use-by dates. Clinical pharmacist input was provided on request. Unwanted or expired medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge are completed daily. Controlled drugs are stored and checked appropriately. A stamp is used in the controlled drug book when checks are completed weekly. Weekly electronic medication audits are also performed by the clinical manager.</p> <p>Residents and their family are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment will be provided when applicable. There were no residents self-administering medications at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements.</p>
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<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily menu plans. Copies of individual diet preferences forms were available and maintained by the kitchen manager/chef interviewed.</p> <p>The food is prepared on site and is in line with recognised nutritional guidelines for older people. The chef and kitchen staff received required food safety training. The menu is displayed daily on all floors of the Ashley Care Suites. The menu follows summer and winter patterns and was reviewed by a qualified dietitian. Residents who chose not to go to the dining rooms for meals had meals delivered to their rooms.</p> <p>The service operates with an approved food control plan and registration issued by the Ministry for Primary Industries. The current food control plan will expire on 20 January 2024. Food temperatures, fridges and freezers 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 preparation and serving.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents/families interviewed expressed satisfaction with the meals provided. Any cultural needs are addressed. The chef interviewed reported that Māori and whānau would be provided with menu options culturally specific to te ao Māori.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/EPOA. Residents' families reported being kept well informed during the transfer of their relative. The CM reported that the yellow bag documents are completed if a resident is transferring to Te Whatu Ora Waitaha Canterbury for acute and emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p> <p>The CM discussed that referral or support to access Kaupapa Māori agencies where indicated, or requested, will be offered when applicable. Referrals to seek specialist input for non-urgent services was completed by the GP. Examples of referrals completed were visible in residents' records reviewed, including referrals to wound care specialist services, radiology, eye specialists, orthopaedic specialists and others as needed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed. It expires on 1 December 2023. 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 HSM described the maintenance schedule which was sighted.</p> <p>Residents confirmed they know the processes they should follow if any repair or maintenance is required, any requests are appropriately actioned.</p> <p>Equipment tagging and testing is current as confirmed in records, interviews with the HSM, and observation. Current calibration of biomedical records were sighted.</p> <p>The facility has a lift to the first floor and is large enough to take a bed</p>

		<p>if required. The certificate of compliance was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. A ceiling hoist has been installed in each of the care suites. There is room to store mobility aids, and wheelchairs.</p> <p>Spaces were culturally and spiritually inclusive and suited the needs of the resident groups. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident has their own ensuite. The number of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. HCAs reported that they respect the residents' spiritual and cultural requirements. Residents and family/whānau reported the adequacy of bedrooms.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. In addition to an electric fire on each of the three levels, there is both ceiling and floor heating, which is supplemented by heat pumps. The heat pumps assist with cooling in summer. The temperature of each care suite and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit.</p> <p>The HSM reported and documentation confirmed that residents,</p>
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		family/whānau and a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 6 December 2019. A trial evacuation takes place six-monthly with a copy sent to FENZ, the most recent being on 10 May 2023. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. HCAs confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinklers alarms, exit signs, and fire action notices were sighted.</p> <p>The HSM reported that all RNs have a current first aid certificate. Current first aid certificates were sighted in the HCA and RN files reviewed.</p> <p>Call bells alert HCAs to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, PPE, and a gas BBQ were sighted. Supplies were last checked on 19 August 2023. A 2,000-litre water tank was sighted onsite that contained sufficient supplies for use in emergency. This meets the National Emergency Management Agency</p>

		<p>recommendations for the region. The HSM manager reported that emergency power is available for 48 hours, and arrangements are in place to hire a generator if required.</p> <p>Closed-circuit cameras have been installed throughout the grounds and specific internal areas. Residents and family/whānau members are fully informed and their use does not compromise personal privacy. Appropriate security arrangements are in place. The village entry gates open and close at pre-set times. An intercom and camera are present at the main door to enable staff to identify visitors before granting access after office hours. A security company visits each night on a drive-through and checks key designated areas. Residents are informed of the emergency and security arrangements at entry.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. The programme is guided by a comprehensive and current infection control manual, with input from an external quality consultant. The current business plan includes a goal to minimise the risk of infection.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora, the medical laboratory, external consultants, and the attending GP.</p> <p>An infection control component is included in monthly staff meetings.</p> <p>The incident/accident reporting policy documents the pathway for the reporting of issues and significant events to the BCM and executive team.</p> <p>The pandemic plan has been tested through the outbreak of COVID-19.</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 clinical manager oversees and coordinates the implementation of the infection prevention and control (IPC) programme and has been in this role since April 2023. The infection prevention and control coordinator's role (IP&amp;CC), responsibilities, and reporting requirements are defined in the infection control coordinator's job description. The IP&amp;CC has completed education on infection prevention and control online as per the education records reviewed and has access to shared clinical records and diagnostic results of residents as needed. The GP interviewed is very supportive of the IP&amp;CC and decision-making.</p> <p>The service has a clearly defined and documented IPC programme implemented that was developed with input of the contracted quality advisor and approved and signed off by the BCM. The policies and procedures comply with legislation and accepted good practice and were last reviewed on 17 July 2023. The IPC policies reflect the requirements of the Ngā Paerewa standard and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required. The last outbreak was from 21 June 2023 to 27 June 2023. All records of the outbreak, involving only one floor of Ashley Care Suites, were maintained.</p> <p>Cleaning and laundry (personal residents' clothing only) is managed by staff onsite. Each resident has their own mesh bag allocated for collecting their soiled clothing for the laundry process. Clothing is returned daily to the care suites and staff put it away appropriately for the residents. The laundry staff member was interviewed and reported that the system in place works effectively for the residents and</p>

	<p>families. Care delivery, kitchen, cleaning and laundry staff were observed following appropriate infection control practices such as use of hand sanitisers, good handwashing technique, and use of PPE resources such as gloves, aprons and goggles. Hand washing and sanitiser dispensers were readily available around the facility. Material data sheets were provided in both the laundry and the cleaning areas.</p> <p>The IP&amp;CC has had input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education at orientation and through ongoing annual education sessions. The IP&amp;CC provides education for staff as well as online courses that can be completed individually or in a group. Education with residents was on an individual basis or at the residents' meetings. This included reminders about hand hygiene and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The IP&amp;CC liaises with the clinical service manager on PPE requirements and procurement of the required equipment, devices and consumables through approved suppliers. The IP&amp;CC is involved in any consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this has not been required so far.</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 prevention and control audits were completed, and where required, corrective actions were implemented.</p> <p>The CM reported that residents admitted who identified as Māori would be consulted on IPC requirements as needed. In interviews staff understood these requirements. Infection prevention signage, for</p>
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		example, for hand hygiene was available in te reo Māori and other languages.
<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 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 BCM for Generus Living Group. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly reports of infections and prescribed treatments were maintained and reported to the HSM. Reports were sighted.</p> <p>The annual IP &amp; C and AMS review includes antibiotic usage. The infection control and hand washing audit includes the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects. The GP interviewed fully supported the AMS programme. Only one resident is currently on trial prophylactic antibiotics for recurrent urinary tract infections.</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 this service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented as needed. 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 definitions are used. Ethnicity data is included in the surveillance records reviewed.</p> <p>Infection prevention audits were completed including kitchen, cleaning, laundry and hand hygiene. Relevant corrective actions were</p>

		<p>implemented where required. Staff interviewed reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified, and family where required, in a culturally safe manner. This was confirmed in progress records and short-term care plans sampled and verified in interviews with residents and family. There was a Norovirus outbreak reported in June 2023.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are 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 kitchen, laundry and the cleaning rooms. Cleaning products were in labelled refillable bottles. Cleaners ensure that the trolley is safely stored when not in use. There are adequate supplies of PPE in each service area for staff to access which included masks, gloves, goggles and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE. Education is provided regularly.</p> <p>The facility was observed to be clean throughout. The cleaners and laundry personal interviewed have attended training appropriate to their roles and products used in their respective services. The laundry was well positioned with all required equipment and resources in place. A heat pump has been installed in the laundry since the previous audit. This assists with drying of the personal clothing during the winter. The CM completes regular internal audits to monitor environmental cleanliness and has oversight of the three-monthly facility monitoring programmes. These did not reveal any significant issues. Resident surveys and residents and family interviewed</p>

		confirmed satisfaction with the cleanliness of the facility and resident personal laundry was returned in a timely manner.
<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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The BCM, HSM and staff confirmed commitment to this.</p> <p>Policies and procedures meet the requirements of the standard. At the time of audit, no residents were using a restraint since December 2019. The HSM reported that a restraint would be used as a last resort when all alternatives have been explored, for example, low beds.</p> <p>The HSM is the restraint coordinator providing support and oversight for any restraint management. Their position description was sighted. The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability. There are processes in place to report aggregated restraint data including data analysis supporting the implementation of an agreed strategy.</p> <p>The HSM and CM are involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint minimisation and safe practice, and management of challenging behaviours. HCA confirmed they have received training.</p> <p>Policies and procedures meet the requirements of the standard.</p>

		Given there has been no restraint used for over three years then subsections 6.2 and 6.3 have not been audited.
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## Specific results for criterion where corrective actions are required

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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
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## 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 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively</p>	CI	<p>The service has a falls prevention programme in place to enhance the safety of residents, and especially for residents with risk scores after mobility assessments are completed. Apart from the ‘recurrent faller’ statistics, other falls incidents were occurring when residents were frail but trying to maintain their independence. This was discussed at the staff meeting and a quality improvement project was commenced to minimise the risk whilst considering the rights of residents in relation to independence and mobility. The programme was in line with the best practice guidelines of the National Falls Prevention Initiative.</p>	<p>Having fully attained the criterion, the service clearly demonstrates a review and analysis occurred after a corrective action was raised due to the increased number of falls identified in the falls metrics (KPI) results at the beginning of the year. The results identified 29 (54.7%) of total incidents were falls. This was despite risk assessments, policies and procedures, care planning, interventions and staff training occurring as part of the falls and preventing pressure injuries programme. A multi-disciplinary team, including the physiotherapist, and with resident and family involvement, embarked on a comprehensive programme by completing full mobility assessments and ensuring post-falls reviews were undertaken. Family members interviewed stated the difference observed in the mobility of their family members was very</p>

<p>through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>			<p>satisfying. Residents were further engaged with activities in the lounge daily, and the physiotherapist, with consent, commenced hydrotherapy. Each resident was closely monitored with the current individual action plans in place. The result was a decrease in fall incidents and an increased involvement in the hydrotherapy and exercise programmes. (This is also linked to a CI attainment in 3.3.1)</p>
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>Some residents were frail with poor mobility and despite one-on-one activities appeared depressed with deteriorating cognition. Fall rates were increasing for those residents trying to be more independent. With collaborative consultation with the MDT and management team, initiatives were decided upon to improve outcomes for residents individually as needed. Communication with residents and families commenced, and informed consent was obtained to commence the hydrotherapy programme using the village pool at designated times of the day. The mobility van was also required for transportation to the pool and a specific hoist was purchased to transfer residents into the pool. Staff were involved with each resident. Photographs with consent verified the success of the programme. Outcomes have been very positive. One resident was admitted to Ashley Care Suites requiring hospital level care and was bedridden and is now mobilising with assistance of a mobility frame. The investment of the pool hoist has proved invaluable for the safe transfers of residents into and out of the pool.</p>	<p>Having fully attained the criterion the service clearly demonstrated a review of the activities programme and the falls prevention programme to ensure appropriate action has been undertaken to provide the residents with access to hydrotherapy as part of the care and activities programmes provided. The multidisciplinary team involved planned the project in collaboration with management, which included the purchase of a hydrotherapy transfer hoist. The programme commenced in January 2023. The GP was fully supportive. Consent and family input was planned from the outset and a policy was developed, approved and implemented. Data was collated from the nursing care plans, interRAI assessments and the activities plans in relation to residents' depression, falls rates and fracture risk scales for each resident who participated in the programme. The outcomes have been significant for those participating, with decreasing falls rates, increased mobility for example: a resident who was hospital level care and on bedrest, was now successfully mobilising with a walker and gaining strength and balance. InterRAI results with positive outcomes were recorded, and family and</p>

			residents are highly involved. This aspect of the success of the programme were clearly reflected in the family and resident interviews.
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End of the report.