

Elms Court Care Limited - Elms Court Village

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Elms Court Care Limited

Premises audited: Elms Court Village

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

Dates of audit: Start date: 2 November 2023 End date: 3 November 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: 74

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou 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

Elms Court Village provides hospital (geriatric and medical), and rest home levels of care for up to 78 residents, including 52 residents in the care centre and up to 26 residents in the serviced apartments. There were 74 residents on the days of audit.

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

The village manager is appropriately qualified and experienced and is supported by an assistant manager and a clinical manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The four shortfalls identified at the previous certification audit in relation to review of the business plan; signing of documents; contractual timeframes for completion of interRAI and care plans; and updating care plans when care needs change, have been addressed.

This surveillance audit identified that improvements are required in relation to medicine management and hot water temperature monitoring.

Ō tātou 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.

Elms Court Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a resident advocate/social worker who is also a kaumātua who regularly visits the service. The service recognises Māori mana motuhake, works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Elms Court Village demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has a documented and implemented quality and risk management system in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented.

Quality data is analysed to identify and manage trends. The service complies with statutory and regulatory reporting obligations. Human resource management policies are implemented. The service has an induction programme in place that provides new staff with relevant information for safe work practice. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Staffing levels and skill mix meet the cultural and clinical needs of residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.		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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Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

Elms Court Village has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

Transfer between services is coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

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

Includes five 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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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust pandemic response plans in place (including Covid-19). There have been two outbreaks since the previous audit, which were well managed, and appropriately notified.

Here taratahi | Restraint and seclusion

Includes four 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.
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The restraint coordinator is the clinical manager. There is a governance commitment to eliminate restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. At the time of the audit, the service had one resident using restraint. Restraint minimisation practice is part of the annual education and training plan.

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	17	0	1	1	0	0
Criteria	0	48	0	1	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

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.

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. 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>	FA	<p>Elms Court Village has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. The Māori health plan, cultural and ethnicity awareness policy and procedure acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The policy is understood by staff who confirmed in interview that mana motuhake is recognised. At the time of the audit there were Māori residents and staff in the service. The service has a working relationship with a kaumātua/social worker from Te Whatu Ora Health New Zealand - Waitaha Canterbury who regularly visits the Māori residents.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>The cultural awareness policy and procedure relates to Samoan, Tongan, Cook Islander and forms the basis of Elms Court Village Pacific Peoples' Health policy and procedure. The policy aims to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. Elms Court Village currently has no residents who originate from the Pacific Islands. There are currently staff members who identify as Pasifika. The service works alongside their Pacific staff and Etu Pasifika in Christchurch to ensure improved health outcomes.</p>

Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The village manager, clinical manager and assistant manager (both interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Elms Court village policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Staff have received training related to abuse neglect including harassment, coercion and discrimination. On interview, staff were able to describe how to recognise and report any signs of abuse.</p> <p>There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Elms Court Village are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. When interviewed, staff (three care partners (caregivers), two registered nurse, kitchen manager) demonstrated an understanding of professional boundaries.</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</p>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents, including for Māori (who may wish to involve whānau for collective decision making) when admitted and during service delivery. The consent forms sighted in resident files reviewed were all signed appropriately. Interviews with four families/whānau and two residents (one rest home and one hospital) confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>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>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been five complaints made in 2022 and nine in 2023 year to date since the previous audit in March 2022. There have been no external complaints received.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed by management. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</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>FA</p>	<p>Elms Court Village is one of three aged care facilities owned by the village manager and a second (silent) partner. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 78 residents, with 52 beds in the care centre and 26 certified serviced</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>apartments. Forty beds are designated as dual-purpose which includes a maximum of 10 hospital level residents in the serviced apartments.</p> <p>On day one of the audit, there were 74 residents: 28 hospital level care (with nine in the serviced apartments) and 46 rest home level care (with four in the serviced apartments). One resident (hospital) was on an ACC contract and four residents (three hospital, one rest home) were on a young person with a disability (YPD) contract. The remaining residents were under the age-related residential care agreement (ARRC).</p> <p>The village manager, who is also the owner, has been managing the service since the purchase in May 2021. The village manager holds a bachelor's degree in business studies and has over 12 years rest home experience. The owners are fully aware of their roles, responsibilities, legislative and contractual requirements and own another two aged care facilities. The synergies of owning three homes maximises purchasing power, shared learning, sharing assets and allowing transfer of inquiries and residents when acuity levels change. The village manager (owner) works within the business and is involved in the business oversight and up to date with the day-to-day operations of the business. At the time of the audit, clinical governance is managed and overseen by the clinical manager. The clinical manager also meets regularly with the other clinical manager from the sister facility for peer support and discussions related to the clinical oversight at Elms Court Village.</p> <p>They are supported by an assistant manager who has been in the role for six months and a clinical manager. The clinical manager has been in the role since October 2022, but with over five years hands-on aged care experience. The management team are supported by a stable team of registered nurses, care partners, activities, kitchen, housekeeping, and administration staff. The management team reports a low turnover of staff.</p> <p>The business plan which was reviewed June 2023, includes a mission and operational objectives. Operational objectives reflect a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The management team analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. Goals are defined and regularly reviewed in the management quality meetings. Quality improvement register has been maintained and signed off</p>
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		<p>ongoing for 2023. The previous audit shortfall (HDSS:2021 # 2.1.2) related to monitoring, reviewing, and evaluating goals has been addressed. The management team is involved in the quality and risk management system and processes for the service. The organisation collates quality data, analyses these and reports through the quality management meetings. The clinical manager meets regularly with the other clinical manager from the sister facility for professional supervision and clinical oversight at Elms Court Village.</p> <p>Elms Court Village has key relationships with own Māori staff and also a social worker/kaumātua from Te Whatu Ora Health New Zealand - Waitaha Canterbury who regularly visits the service to connect with Māori residents. Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Registered nurses work in consultation with resident and whānau, on input into reviewing care plans and assessment content to meet resident's cultural values and needs.</p> <p>The village manager, assistant manager and the clinical manager have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending training provided by external provider in February 2023. They have also attended training in excess of eight hours over the past year appropriate to their roles.</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>Elms Court Village implements a quality and risk programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The village manager, assistant manager and clinical manager implement the quality programme. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Incidents are documented on incident forms which are followed</p>

	<p>up on by registered nurses and the clinical manager. The clinical manager collates all data and completes a monthly and annual analysis of results which is provided to staff.</p> <p>Staff, quality management, health and safety, registered nurse and infection control meetings were completed as scheduled. Meeting minutes included: quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; clinical issues; and education. There is consistent evidence that the data tabled at meetings is discussed and used for improvements to the service.</p> <p>Resident and family/whānau satisfaction surveys are completed annually. The survey results for 2023 have been collated, analysed, and demonstrated high levels of satisfaction with aspects such as communication; welcoming; approachable management; grounds; home environment; medical needs; prompt response; friendly staff; and housekeeping. The results were favourable compared to the previous year in all areas. No corrective actions were raised. Results have been communicated to residents and staff during meetings.</p> <p>Reports are completed for each incident or accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (wandering, behaviour, witnessed and unwitnessed falls, skin tears, bruising). The clinical manager collates all the data monthly and this is analysed. Results are discussed in meetings and at handovers.</p> <p>There are monthly health and safety meetings. Staff have completed regular training related to health and safety. Health and safety issues are discussed at staff meetings. A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, and meetings.</p> <p>Discussions with the village manager, assistant manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted relating to a change in clinical manager; two pressure injuries grade III and above; outbreak; and ten for registered nurse shortage, with the last one completed August 2023. At the time of the audit (and since August 2023), the service has a full complement of registered nurses to</p>
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		<p>provide 24/7 registered nurse cover. There have been two outbreaks since last audit; norovirus in June 2022 and Covid-19 outbreak in May 2023. Documentation reviewed provides evidence that both outbreaks were well managed, and notifications completed appropriately to Public Health authorities.</p> <p>Elms Court Village has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager, assistant manager and the care centre manager work full time from Monday to Friday. There is a weekly on-call rotation between the village manager, assistant manager, and clinical manager. Any clinical concerns are escalated to the clinical manager 24/7.</p> <p>Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes (but not limited to) Code of Rights; informed consent; restraint; dementia; Pasifika values; Māori health (values, beliefs, tapu, noa and end of life); pressure injury; and medication management. There is an attendance register for each training session and an individual staff member record of training.</p> <p>Educational courses offered include in-services, online, competency questionnaires and external professional development through local hospice and Te Whatu Ora Health New Zealand – Waitaha Canterbury. All registered nurses, selection of care partners and activities staff have</p>

		<p>completed first aid training. There is at least one staff member on each shift with first aid training. All registered nurses and care partners who administer medications have current medication competencies. All care partners are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the thirty-six care partners, nineteen have level three and above NZQA qualification.</p> <p>The clinical manager and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including (but not limited to) medication; controlled drugs; manual handling; restraint; wound; syringe driver; and emergencies. At the time of the audit, there were six registered nurses with four having completed interRAI training.</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>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one clinical manager, two care partners, one cleaner, one registered nurse), evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Staff interviewed confirmed that they had a relevant and comprehensive orientation. The service demonstrates that the orientation programme supports registered nurse and care partners to provide a culturally safe environment for residents. All staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. The previous audit shortfall (HDSS:2021 # 2.5.1) related to clinical documentation being dated and signed by the relevant service provider, has been addressed.</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>Five resident files were reviewed. Three hospital level care (including one younger person with a disability (YPD) and one on ACC funding) and two rest home level care (including one in serviced apartments). The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs; skin; continence; pain; transfer; pressure injury; falls risk; cultural assessment; social history; and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>Initial assessments and long-term care plans were completed in a timely manner for residents, detailing needs, and preferences. The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI sampled (except for YPD and ACC) had been completed within three weeks of the residents' admission to the service. The previous audit shortfall (HDSS:2021 #3.2.1) related to interRAI and initial care plan timeframes has been addressed. Documented interventions and early warning signs meet the residents' assessed needs. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Information from these assessments is used to develop the resident's individualised long-term care plan.</p> <p>Short-term care plans are developed for acute problems such as infections, post hospital admission management, wounds, behaviour, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted (acute or long term), it is reported to</p>

	<p>the registered nurse, and these are documented in the care plans. The previous audit shortfall (HDSS:2021 # 3.2.5) related to update of changes to long-term care plan has been addressed. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their rooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The service contracts general practitioners from a local health centre for weekly visits and they are available on call after hours for the service. The general practitioner has seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The general practitioner interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. Medical documentation and records reviewed were current. A physiotherapist visits the service weekly and on request to review residents referred by the registered nurses. There is a physiotherapist assistant available for 7.5hours per week. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Te Whatu Ora -Waitaha Canterbury.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were thirteen active wounds from nine residents. There was one unstageable pressure injury being managed.</p>
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		<p>The progress notes are recorded and maintained in the integrated records. Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations were consistently recorded for unwitnessed falls or when head injury was suspected. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the registered nurses and clinical manager. Relatives are notified following incidents. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure and weight monitoring, blood glucose levels, bowel records and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet the needs of the residents. The previous audit shortfall (HDSS:2021 # 3.2.4) related to monitoring records has been addressed.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily and as necessary by care partners and registered nurses. The registered nurse further adds to the progress notes if there are any incidents or changes in health status.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent care partners interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular, and short course medication and blister pack for pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored weekly. All stored medications are checked monthly. Eyedrops have been dated on opening. Controlled drugs are stored safely, and prescriptions demonstrate compliance with legislative requirements; however, controlled drugs bulk</p>

		<p>stock process (ordering, dispensing and administration) is used for all residents, including five rest home residents on regular controlled drugs. Stock take for controlled drugs has not been consistently completed weekly by staff.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for PRN medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was documented in the electronic medication management system and clinical records. There were eight residents (four rest home and four hospital) self-administering metered dose inhalers, eyedrops and creams; and one hospital resident self-administering all regular medications. Medications were stored safely in the residents' rooms. Self-administration assessments had been completed for all residents self-administering and are reviewed three-monthly by the GP. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p> <p>The clinical manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</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</p>	<p>FA</p>	<p>Elms Court Village provides their own food services for the resident. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents by the registered nurses. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager reported they accommodate residents' requests.</p> <p>There is a verified food control plan expiring 18 February 2024. The residents and family/whānau interviewed were complimentary regarding the</p>

health and wellbeing.		standard of food provided.
<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 were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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>	PA Low	<p>The current building warrant of fitness expires July 2024. The buildings, plant, and equipment are fit for purpose at Elms Court Village and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>There is a maintenance request book for repair and maintenance requests located in the reception area. This is checked daily and signed off when repairs have been completed. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. However, where the temperature recordings were out of expected range, there is no evidence of corrective action being put in place. Essential contractors/tradespeople are available 24/7 as required. Review of electrical equipment in the facility demonstrated that test and tag of equipment was next due in February 2024. Medical equipment calibration was completed with the next one due October 2024.</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 designated infection control (IC) coordinator is the clinical manager and has been in the role since October 2022. They have completed online infection control course and there is good external support from the GPs, laboratory, and the IC nurse specialist at Te Whatu Ora- Waitaha Canterbury.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. There is a pandemic and outbreak plan in place, and this is reviewed at regular intervals. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The infection control programme has been approved by the management team and is reviewed annually.</p> <p>Education related to infection control and outbreak management is completed during orientation and as part of the mandatory training, with the last one completed in April 2023.</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>Infection surveillance is an integral part of the infection control programme and is described in the Elms Court Village infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is reported on a monthly infection clinical summary and analysis report. Surveillance data includes ethnicity and is monitored and analysed for trends, monthly and annually.</p> <p>The clinical manager completes a comprehensive review, and this is reported to all staff as part of the quality/management and staff meetings. Meeting minutes are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora - Waitaha Canterbury. Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infection, with information on care and prevention.</p>

		<p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been two outbreaks since the previous audit; one Covid-19 outbreak (May 2023) and one norovirus (June 2022) outbreak. Both were well documented, managed, and reported to Public Health.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy identifies the organisation’s commitment to minimising restraint use. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the service will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there was one resident using safety belt as restraint. All documentation including assessments, monitoring, reviews, and updated care plans were in place for the records reviewed. A restraint register is maintained and updated each month.</p> <p>The restraint approval process described in the restraint policy and procedures meet the requirements of Ngā Paerewa (HDSS:2021) and provide guidance on the safe use of restraints. The designated restraint coordinator is the clinical manager, who provides support and oversight, including coordination of the approval of the use of restraints and the restraint processes.</p> <p>Regular training occurs related to restraint minimisation and management of challenging behaviour as part of orientation programme and the mandatory training plan. Staff completed training on restraint management in March 2023.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurses, and medication competent care partners are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including that of controlled drug storage, stock take and reconciliation. Reviewed medication charts demonstrated that medications were prescribed in line with legislative requirements including controlled drugs; however, the dispensing and administration process for five rest home level care residents' controlled drugs did not meet requirements, as they were all ordered, dispensed, logged in and administered using the bulk order process. In addition, weekly stock take of controlled drugs was not consistently completed by staff in the controlled drug register</p>	<p>(i). The weekly stock take for controlled drugs has not been completed consistently between June and October 2023.</p> <p>(ii). Five rest home residents on regular controlled medications do not have own stock of controlled drugs dispensed and administered. These are currently being ordered and administered under the bulk stock order process for controlled drugs.</p>	<p>(i). Ensure that stock take of controlled drugs is completed weekly.</p> <p>(ii). Ensure that controlled drugs for rest home level care residents are ordered, dispensed, and administered under their individual identification in line with expected regulations and not as bulk stock process.</p> <p>60 days</p>

		reviewed. Staff have received training related to medicine management and medication related audits have been completed in line with the audit schedule.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>There is a maintenance request process for repair and maintenance requests located in the reception area. This is checked daily and signed off when repairs have been completed. There is evidence of an annual preventative maintenance plan initiated and implemented for the service. Processes around the reactive and planned maintenance were confirmed by interview with the maintenance person, village manager and assistant manager. Hot water temperatures are checked by the maintenance person and recorded in the maintenance folder; however, where the temperature recordings were out of expected range, there is no evidence of corrective actions being put in place. Essential contractors/tradespeople are available 24/7 as required.</p>	<p>There is no evidence of corrective actions being completed for hot water temperature monitoring results that are out of range of the acceptable limits.</p>	<p>Ensure corrective actions are put in place for hot water temperatures out of expected range.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.