

Cunliffe House Retirement Home 2006 Limited - Cunliffe House Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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: Cunliffe House Retirement Home 2006 Limited

Premises audited: Cunliffe House Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 1 December 2023 End date: 1 December 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: 17



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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

Cunliffe House Rest Home is situated in Christchurch and owned and operated by two owners. Cunliffe House Rest Home provides rest home level care for up to 23 residents with 17 occupied beds on the day of the audit.

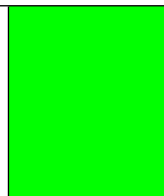
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations,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

The facility has made improvements to the environment and was in the process of further refurbishment. There has been no change in management since the last audit. The owners are being supported by the nurse manager. The nurse manager is a registered nurse with experience in aged care.

This audit has identified the service meets the Ngā Paerewa Standard.

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.

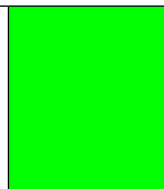


Subsections applicable to this service are fully attained.

Cunliffe House Rest Home provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place. Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. Managers and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. The rights of the resident and/or their family/whānau to make a complaint is understood, respected and upheld by the service

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 are fully attained.

The strategic plan 2023 includes specific and measurable goals that are regularly reviewed. Data is collected in relation to any complaints, accidents, incidents, and infections. Progress is monitored via internal audits and the collation of clinical indicator data. Corrective actions are implemented where opportunities for improvements are identified. Quality data and results are shared in the monthly combined staff, quality, health and safety and infection control meetings. A health and safety programme is being

implemented. Hazards are identified with appropriate interventions implemented. There is a staffing and rostering policy. Safe staffing levels were evident with a minimum of one registered nurse (RN) available on site seven days a week. The nurse manager is on call for cover when not available on site. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. An orientation programme is implemented and a staff education/training programme is in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible and confidential.

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.		Subsections applicable to this service are fully attained.
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. The nurse manager assesses residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

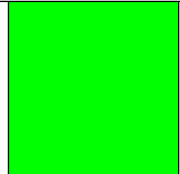
The activity programme is provided by an activities coordinator who provide a programme with a variety of individual, group activities and maintains resident links with the community. The activities calendar has activities to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. A dietitian reviewed the menu plans. Residents and family/whānau confirmed satisfaction with meals provided. There are snacks available 24/7.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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.		Subsections applicable to this service are fully attained.
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The building holds a current certificate of public use. There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures and appropriate pest control management. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are personalised with communal facilities. Toilets have privacy locks.

Fire and emergency procedures are documented. Trial fire evacuation drills are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system with timely response times. There are processes in place to ensure the security of residents and staff.

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 are fully attained.

A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed by the external consultant.

The nurse manager is the infection control coordinator. The infection control team have access to a range of resources available. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal comparison of data occurs. Staff are informed about infection control practices through meetings, and education sessions. There have been no other documented outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place. All laundry is done on site. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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 are fully attained.
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The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The nurse manager is the restraint coordinator (RN) and provides support and oversight for restraint management in the facility. There is one resident using a bedrail. Restraint use is monitored and reviewed three monthly. Restraint is only used as a last resort. There is appropriate quality review processes documented related to restraint use.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	176	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and associated cultural policies are documented for the service. Cunliffe House Rest Home (Cunliffe House) are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected and maintained. At the time of the audit the service did not have any residents who identified as Māori. There were staff who identified as Māori.</p> <p>Key relationships with Māori are in place. Cultural advice is available through a variety of Māori agencies. The facility has links with Ngai Tahu Iwi and also connections with a professor of Māori studies at Te Runanga, who provides support and guidance for Māori staff.</p> <p>The owner/manager, nurse manager and staff have completed cultural safety training, including Te Tiriti o Waitangi training. This training takes place during staff orientation and continues as a regular in-service topic. Te Tiriti o Waitangi training covers how the principles of partnership, protection and participation are enacted in the work with residents. Staff members’ cultural expertise is monitored through cultural competency assessments.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members though connections in the community and</p>

		<p>through Māori staff currently employed. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. This was evidenced in interviews with five residents and three family/whānau. The nurse manager, owner/manager and care staff (three caregivers) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture. The Pacific health plan has had input from the Pacific community and staff. The plan addresses equity of access, reflecting the needs of Pasifika, collaboration with spiritual leaders and operating in ways that are culturally safe.</p> <p>On admission all residents state their ethnicity. Individual cultural beliefs are documented for residents in their care plan and activities plan. The service actively encourages and supports any staff that identifies as Pasifika during the interview process. At the time of the audit the service did not have any residents who identified as Pasifika. There were staff who identified as Pasifika. The service has connections with pacific community groups for any support and guidance for Pasifika people.</p> <p>Interviews with management (one owner/manager and one nurse manager) and staff (three caregivers, one cook one handy man/gardener and one cleaner) confirmed the service puts people using the services and the local community at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The owner/manager or nurse manager discuss aspects of the Code with residents and their family/whānau on</p>

<p>in a way that upholds their rights and complies with legal requirements.</p>		<p>admission. Residents or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment. Interviews with residents confirmed their understanding of their rights. Discussions relating to the Code are held during the monthly resident meetings.</p> <p>All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, with contact details included on the complaints form. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in the Māori health plan and through interviewing the owner/manager</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents also have control and choice over activities they participate in. It was observed that residents are treated with dignity and respect. Resident and family/whānau 2023 satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Sexuality and intimacy are addressed in the resident's care plan and is provided as a two-yearly education topic.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service</p>

		<p>in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Five residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage is evident throughout the facility and is promoted. Te Tiriti o Waitangi and tikanga Māori training are included in the education planner. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & non-living things.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Cunliffe House policies aim to prevent any form of discrimination, coercion, harassment or any other exploitation. The service is inclusive of all ethnicities. Cultural days are completed to celebrate diversity within the service. A code of conduct is discussed with staff during their induction to the service and addresses the service's zero tolerance to harassment, racism, and bullying. This document is signed and held in their employee file. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the nurse manager and staff confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p>	FA	<p>Information is provided to residents/family/whānau on admission. Monthly resident meetings identify feedback from residents and</p>

<p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not). Family/whānau interviewed stated that they are kept informed when their family/whānau member's health status changes or if there has been an adverse event. This was also evidenced in the accident/incident forms reviewed.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit there were no residents who were unable to speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Health professionals involved with the residents may include specialist services (e.g., mental health team). The nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, involvement of nominated next of kin in interRAI and care planning and routine procedures; signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as influenza and Covid-19 vaccines and boosters. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the</p>

<p>to exercise independence, choice, and control.</p>		<p>involvement of family/whānau in decision making where the person receiving services wants them to be involved.</p> <p>There is documented guidance on advance directives. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and nurse manager confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care as evidence in the residents' files reviewed.</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 all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The owner/manager maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There has been one complaint made since the last audit in July 2022. The complaint reviewed included evidence of investigation, follow up and reply to the complainant within the timeframes set out by HDC.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The managers have an open-door policy and encourage residents and family/whānau to discuss</p>

		<p>any concerns. This was observed during the audit. The complaints process is linked to the quality and risk management system. combined staff, quality, health and safety and infection control meetings minutes cover discussions relating to any complaints lodged.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Cunliffe House Rest Home provides rest home level care for up to 23 residents with 17 occupied beds on the day of the audit. All residents were under the age-related residential care (ARCC) contract. There are three rooms suitable to be shared by two residents. There was one room being shared at the time of the audit (the residents are not related).</p> <p>The service implementing phase one of two refurbishment phases where two double rooms on the ground floor has been decommissioned to change into three single occupancy bedrooms and one toilet with a handbasin. Phase two will include changing room 10 (double room on ground floor) into a single occupancy room with extra windows. The final number of double rooms will be two (one upstairs and one downstairs) with the overall bed numbers that will change to 22 after completion of phase one and 21 after completion of phase two. The facility has not yet sent through a notification to HealthCERT to notify of the reconfiguration of beds. This was not included as part of this audit.</p> <p>The service is governed by Cunliffe House Retirement Home 2006 Ltd who has overall responsibility for planning of company purpose, values, scope, direction, and goals. The mission, philosophy, values, and goals are identified in the quality and risk management plan. There are four shareholders, two of the shareholders act as owner/managers (husband and wife). The husband was absent on the day of the audit. The two owner/managers are actively involved in all levels of service delivery including staff rosters, budget preparation and authorisation, human resources (recruitment and retention), building maintenance and ensure safe standards are met.</p> <p>Organisational performance is aligned with and regularly monitored against the direction and goals. The organisation has effective communication systems and working relationships to deliver</p>

		<p>coordinated services. There is a governance policy with clearly defined roles and responsibilities. The owner/managers (non-clinical) are supported by a RN (nurse manager) who oversees the clinical operations. The owner/managers are both on site three days a week (different days) and have 14 years of experience in aged care. There is also a full-time assistant manager who supports the owner/managers (absent on the day of the audit). The nurse manager has been in the role for five years and is suitably skilled and experienced for the role. The owner/manager confirmed their knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements.</p> <p>There is a strategic plan for 2023. The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training. The owner/managers actively sought input from the nurse manager (also cultural advisor) into the Māori Health Action Plan to improve Māori health through clinical assessment and review of organisational policy and procedures. Clinical governance is the responsibility of the nurse manager. This includes (but is not limited to) the review of clinical risk. The nurse manager provides evidence of clinical outcomes at monthly combined staff, quality, health and safety and infection control meetings and also at the quarterly governance/management meeting. Outcomes for tāngata whaikaha are optimised through a regular clinical assessment and review process. The owner/managers have attended cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The owner/manager and nurse manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.</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>FA</p>	<p>The service is implementing a quality and risk management programme developed by an external contractor. The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data. The analysis of data indicates a health equity</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>approach to care of the residents. Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are shared in the monthly quality and staff meetings. Quality data and trends are posted in the staffroom.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are developed and reviewed by the external contractor and the management team and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Resident and family surveys have been completed in August 2023. Overall, the satisfaction was of a positive level. There were corrective actions in place for food/meal choices, variety and quality.</p> <p>A health and safety system is being implemented. The owner/manager is the health and safety officer and has attended health and safety training. There are regular manual handling training sessions for staff. Hazard identification forms and an up-to-date hazard register are in place, last reviewed in November 2023. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed at the staff, quality meetings. In the event of a staff accident or incident, a debrief process is discussed. Accident/incident reports are completed for adverse events as evidenced in accident/incident forms reviewed (witnessed and unwitnessed falls, and skin tears). Incident and accident data is collated monthly and analysed. Staff's cultural competency is assessed to ensure a high-quality service is provided for Māori.</p> <p>Discussions with the owner manager and nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications and no Covid-19 outbreaks reported since the last audit.</p>
Subsection 2.3: Service management	FA	There is a staffing rationale policy that include staff skill mix, staffing

<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>levels and includes a procedure for replacing and increasing staff on short notice (e.g., when a resident's acuity changes). The roster provides sufficient and appropriate cover for the effective delivery of care and support. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with the nurse manager and staff. Interviews with residents and families confirmed staffing overall was satisfactory. The service communicates any changes to staffing levels/changes to residents formally through regular resident and family/whānau meetings and informally through daily activities.</p> <p>Each owner/manager spends three days per week on site (total of six days cover) and provides on call for non-clinical and building maintenance issues. The assistant manager is full time from Monday to Friday. The nurse manager is rostered from Monday to Thursday from 8.00am to 5.00pm and is supported by a casual RN who works the days the nurse manager is not on site. The nurse manager provides 24/7 on call cover for clinical concerns with support from the casual RN on alternate weekends or when the nurse manager is on leave.</p> <p>There is an annual education and training schedule being implemented for 2023. The service provides face to face training at the monthly combined staff, quality, health and safety and infection control meetings. Additional training is also provided through toolbox talks. A competency programme is in place. Core competencies have been completed (medication, restraint, insulin, manual handling), and a record of completion is maintained. The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and cultural competency assessments. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are nine caregivers in total, five have level four NZQA and three others have vast experience in aged care.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities and health equity. There is a minimum of one first aid trained staff available 24/7. The nurse manager and casual RN have both completed interRAI training. Registered nurse training opportunities are provided through Te</p>
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		<p>Whatu Ora – Waitaha Canterbury. Staff wellbeing programmes include offering employees counselling services, maintaining an ‘open-door’ relationship with managers and celebrating holidays as a group. Staff commented that they celebrate the cultural diversity of staff and residents through food and dress. Staff interviews confirmed that they feel supported by the managers. Staff turnover is reported as low.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one nurse manager, three caregivers and one cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals.</p> <p>All staff undergo their initial appraisal following three months of employment. This is followed by annual performance appraisals. 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 and are repeated annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy. Archived records are stored securely on site for a minimum of 10 years. Electronic information is backed up using cloud-based technology. All electronic information is individually password protected. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely</p>

<p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>identifiable, legible, and timely. Signatures include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed during this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The registered nurse (nurse manager) is available to answer any questions regarding the admission process and a waiting list is managed. The nurse manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents will be provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission for individual residents and simple ethnicity analysis are completed.</p> <p>The service has an established relationship through their nurse manager with Springfield marae, links with Ngai Tahu Iwi and also connections with a professor of Māori studies at Te Runanga, who provides support to benefit Māori individuals and family/whānau.</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; all were on the ARRC agreement. The nurse manager is responsible for conducting all assessments and for the development of care plans. The service supports Māori (if any) and whānau to identify their own pae ora outcomes in their care or support plan. The nurse manager had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission.</p> <p>The service uses a range of assessment tools in order to formulate an initial support plan, completed within 24 hours of admission. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan. The model of care is person centred and based on te whare tapa whā give tāngata whaikaha choice and control over their supports.</p> <p>InterRAI assessments, reassessments, long term care plan and routine care plan reviews have all been completed within expected timeframes. Long-term care plans documented the identified needs, interRAI triggers and scores and supports required to sufficiently manage all the care needs of the resident including cognitive, emotional and behaviour needs. The residents (interviewed) described how the service supports them to maintain family/whānau relationships.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with the resident and family/whānau are included in the resident hardcopy file. Evaluations were completed six-monthly or sooner for a change in health condition and included documented progress towards care goals. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/next of kin communication forms.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP completes three-monthly reviews, admissions and sees all residents of concern. The</p>

	<p>GP stated they are notified in a timely manner for any residents with health concerns and stated there is a good professional relationship with the service. The registered nurse (nurse manager) lives near the facility and share on call after hours with another casual RN; the GP is available after hours.</p> <p>All GP notes are integrated into the hardcopy file. The service contracts with a physiotherapist and they are available on a referral basis. A podiatrist visits regularly for foot care.</p> <p>Specialist services including mental health, dietitian and continence specialist nurse are available as required through Te Whatu Ora - Waitaha Canterbury. Family/whānau are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>There were no residents with current wounds being treated at the time of the audit. Archived wound care plans reviewed evidence a wound assessment with supporting photographs for a chronic venous ulcer, the wound management plan, and evaluations. A hardcopy wound register is maintained. The RN confirmed on interview that they have attended wound management education. The short-term care plans are developed for infections, wounds, or short-term acute health issues. Short-term needs are added to the long-term care plan when appropriate and closed when resolved.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written every shift by caregivers and at least weekly by the RN. The RN further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs were being met. Family/whānau interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the progress notes.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies, lifting belts and pressure injury prevention resources.</p> <p>Monitoring charts included, (but not limited to): weights, vital signs,</p>
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		<p>blood glucose levels, weight, food and fluid balance recordings, night checks. All monitoring charts were implemented according to the care plan interventions. The incident/ accident reports reviewed evidenced timely RN follow up, opportunities to minimise further risks were identified and family/whānau were informed. Neurological observations were completed for unwitnessed falls with or without head injuries.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. 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 activities coordinator is available for 21 hours a week and divide her hours to accommodate weekend events. They are supported by volunteers that assist with board games and van drives when required.</p> <p>The overall programme has integrated activities that is appropriate for the cohort of residents. The activities programmes are displayed and include walking, morning exercises, baking, bowls, bingo, word games, board games, household activities of resident's choice, van outings twice a week, quizzes, and seasonal celebrations. The programme allows for flexibility, are mainly led by residents and reflect resident choice of activity. There are plentiful resources. Community visitors' and volunteers from different churches visit regularly.</p> <p>The activities coordinator encourage participation in te ao Māori. The activities programme includes the promotion of te reo. Residents can participate if they choose to engage when te ao Māori are facilitated. There are regular entertainers.</p> <p>There is a main lounge that can be divided to accommodate where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who do choose not to be involved in group activities, as evident in the individual attendance register. The residents interviewed confirm they enjoy attending the activities and enjoy contributing to the programme.</p> <p>A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and family/whānau</p>

		interviewed were happy with the variety of activities provided.
<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>There are policies available for safe medicine management that meet legislative requirements. The RN and medication competent caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>A caregiver was observed to be safely administering morning medications. The RN and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the hardcopy medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the locked medication trolley and secure medication cupboard. The medication fridge and air temperatures are monitored at regular intervals and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, has been reviewed, and prescribed by the GP. Standing orders are not used.</p> <p>Ten electronic medication charts and one paper-based medication chart for short term antibiotic use were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the progress notes. There are policies that guide staff when residents wish to self-administer medications. There were two residents self-administering inhalers and the supplementary documentation required were completed.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The RN described</p>

		<p>how they will work in partnership with Māori residents (if any) to ensure the appropriate support is 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 health and wellbeing.</p>	<p>FA</p>	<p>There is a food control plan that was verified and expire on 11 June 2024. One cook and one qualified chef oversee the food services. All meals and baking are prepared and cooked on site. The cooks are supported by an afternoon kitchen assistant. All food services staff have completed food safety training in line with the requirements of tapu and noa. A dietitian has reviewed the four-week winter/summer menu. The cook verified that cultural options can be incorporated into the menu development and food service provision when required.</p> <p>The cook receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service caters for residents who require texture modified diets and other foods. The food is plated by the cook and serve directly to the residents in the adjacent dining room. Records sighted evidence food temperatures are documented prior to plating. Residents may choose to have meals in their rooms.</p> <p>A visual inspection of the kitchen evidence daily temperature checks is recorded for freezer, fridge, inward goods, end-cooked foods, reheating (as required), dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide feedback on the meals through the monthly resident meetings. Resident preferences are considered with menu reviews. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the hardcopy resident file. The long-term care plan section for nutritional needs</p>

		included a section on food and fluid texture requirements and any swallowing difficulties are recorded on the care plan.
<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>Planned discharges and transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Resident's transfer documentation reviewed using the yellow envelope Te Whatu Ora transfer documentation system, which includes the medication chart, admission/resident profile with next of kin contact numbers and advanced directive/resuscitation information. The residents and their family/whānau were involved for all exits or discharges to and from the service. Residents are accompanied by a caregiver when transferred to the hospital in case of an emergency or for an appointment (when required). Discharge notes and summaries are integrated into the care plan. The service works in partnership with all residents and family/whānau to ensure all have access to other health and disability services and social support or kaupapa Māori agencies where appropriate.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a certificate of public use issued 24 October 2023 that expires on 30 April 2024. There is a total of 19 beds in use (currently three double rooms and 13 single rooms in use). The service has a refurbishment/ renovation plan and is implementing phase one of two phases. There is a site plan to minimise dust and noise during the renovation process. Residents interviewed stated the renovations had minimal impact on their daily lives. This area is not accessible to staff visitors and residents.</p> <p>There is an equipment and environmental policy that documents monitoring and compliance requirements. There has been refurbishments completed for a communal bathroom and disability toilet. The environment is inclusive of peoples' cultures and supports cultural practices. The owner/manager oversees the annual preventative maintenance plan (visits three days a week), and a handy man oversees the day-to-day maintenance requests and gardens (14</p>

	<p>hours per week). There is a maintenance request book for repair and maintenance requests located in the nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan documented that include regular environmental audits. Hot water temperatures are checked and are consistently documented at 45 degrees. Essential contractors/tradespeople are available 24 hours a day as required. Electrical compliance of electrical equipment was last checked in August 2023. Medical equipment, and scales were calibrated and checked in August 2023.</p> <p>The corridors are suitable for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home residents.</p> <p>There are three double/shared bedrooms; one double room is currently shared by two residents who are unrelated to one another. The shared room has two call bells and a privacy rail and curtain. There is a lift and staircase between the upper and ground floor. The lift can accommodate an ambulance chair. Residents sign a form agreeing to share the space.</p> <p>Each resident room has individual furnishings and décor. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit. There is a nurses` station that oversees the dining room. There is safe access to the well maintained and landscaped outdoor areas. There is a designated smoking area for residents who smoke.</p> <p>Rooms have handbasins and share communal shower/toilets. The communal showers all have privacy signage. Fixtures, fittings, and flooring is appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs. A toilet near the main lounge is available for visitors and there is a separate toilet for staff. There is flowing soap, hand sanitiser and handtowels available and accessible.</p>
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<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>	<p>FA</p>	<p>Emergency management plan outlines the specific emergency response and evacuation requirements and helps guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service, dated 9 January 2007. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the most recent drill taking place on 26 June 2023.</p> <p>There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence and pandemic/outbreak supplies are stored in an identified location and are checked six monthly.</p> <p>In the event of a power outage, gas cooking (BBQ) is available. There is adequate water supply (1,000 litres header tank) and dry food supplies in the event of a civil defence emergency. Emergency management is included in staff orientation and external contractor orientation. There is a first aid trained staff member available 24/7.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secured after hours. There are security cameras in the office, dining area and hallways. Staff complete regular security checks at night.</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 control programme including antimicrobial stewardship (AMS), outbreak management plan, pandemic plan, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. A nurse manager oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention control coordinator has support from the Te Whatu Ora- Waitaha Canterbury and Public Health.</p> <p>Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually as part of the quality and risk plan.</p> <p>Infection surveillance data is collated and analysed monthly. Infection matters are raised at staff meetings and the quarterly quality and risk meeting. The owners/managers attend the quarterly quality and risk meeting where progress on quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and AMS, and any significant infection events are reported. Infection control internal audits are conducted at regular intervals.</p> <p>Visiting hours are open; however, visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations. There were no residents with Covid-19 infections on the days of audit.</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</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training and education of staff. Policies and procedures are reviewed on a regular basis by an external consultant in consultation with the infection control coordinator. Policies are available to staff in a folder at the nurses` station.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>disinfected after use and prior to next use. Cleaning, laundry, infection control, and environmental audits are completed to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, sterile single use wound packs for wound management. Single use items are discarded after use. The infection prevention coordinator has input into the procurement of good quality personal protective equipment (PPE), medical and wound care products. Expiry dates are regularly checked.</p> <p>The designated infection control coordinator is the nurse manager and supported by Te Whatu Ora-Waitaha Canterbury and the GPs. The infection prevention coordinator has completed external training.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated on infection control matters through resident meetings, newsletters, and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents (if any) and visitors. The nurse manager explained how they will ensure participation in partnership with Māori for the protection of culturally safe practice in IP and acknowledge the spirit of Te Tiriti. The nurse manager explained they were consulted in many environmental improvements including choice of flooring.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality and risk</p>

to the needs, size, and scope of our services.		meetings.
<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>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. 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 entered onto a monthly infection summary. This data is monitored and analysed for trends. Infection control surveillance is discussed at staff and quality and risk meetings. The service is incorporating ethnicity data into surveillance methods and data captured around infections and this is included in the analysis for trends. 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 information from Te Whatu Ora-Waitaha Canterbury for any community concerns.</p> <p>There have been no other documented outbreaks since the last audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within 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 antimicrobial-resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub located within the laundry with personal protective equipment available including a face visor available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry including linen and personal clothing is processed on site by caregivers throughout the week. The laundry has a defined clean/dirty flow. The caregivers have received appropriate training in handling and transporting of linen and monitoring of the washing cycles. The cleaners' trolleys were attended at all times and are stored in a locked cupboard when not in use. All chemicals on the cleaner's</p>

		<p>trolley were labelled. There was appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. Caregivers assist to complete cleaning duties and are supported by a cleaner 3.5 hours per day five days a week. The caregivers interviewed explained the weekly cleaning schedule that include completing of room cleans. A tour of the facility was conducted and observed to be hygienically cleaned. Residents interviewed confirmed to be satisfied with the cleaning and laundry service. The infection control coordinator has oversight over the environmental, cleaning and laundry audits.</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 approval process is described in the restraint policy and provide guidance on the safe use of restraints. The nurse manager is the restraint coordinator (RN) and provides support and oversight for restraint management in the facility.</p> <p>The nurse manager interviewed is conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application is done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Cunliffe House works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there was one resident using a bedrail. The nurse manager confirmed Cunliffe House is committed to providing services to residents without use of restraint. The strategic plan evidence a commitment to provide a restraint free environment.</p> <p>A review of the documentation available for the resident using restraint, include processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (where appropriate), EPOA, GP and restraint coordinator.</p> <p>The use of restraint is reported in the combined quality and staff meetings. The reporting process to the owners includes restraint data. Training for all staff occurs at orientation and annually. This includes a</p>

		competency assessment.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. The file was reviewed of a resident using restraint and evidenced assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The nurse manager discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Restraint charting includes the restraint method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with the care plan. A restraint register is maintained and reviewed by the nurse manager who shares the information with staff at the quality and staff meetings. Use of restraints is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. A procedure is documented for emergency use of restraint.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a</p>	FA	<p>The internal audit schedule was reviewed and included review of restraint use. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The nurse manager review restraints and is discussed at the three-monthly GP reviews.</p> <p>Staff monitor restraint related adverse events while restraint is in use.</p>

<p>restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>There have been no restraint related incidents reported.</p> <p>Any changes to policies, guidelines or education are implemented if required. Data reviewed, minutes and interviews with staff including RN and caregivers, confirmed that the use of restraint is only used as a last resort.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.