

# Nicolson Rest Home Limited - Irwell Rest Home

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## 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:** Nicolson Rest Home Limited

**Premises audited:** Irwell Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 15 November 2023 End date: 16 November 2023

**Proposed changes to current services (if any):** There are five residents with contracts with Whaikaha- Ministry of Disabled People. The provider wishes to add 'Residential disability services – Intellectual' to their certificate. This audit verified the service as suitable to provide Residential disability- Intellectual services.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 40



# Executive summary of the audit

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## Introduction

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

- ō 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

Irwell Rest Home is privately owned and operated. The service provides care for up to 60 residents at rest home level care. At the time of the audit, there were 40 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora New Zealand - Capital Coast and Hutt Valley and the contract with Whaikaha- Ministry of Disabled People. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and the general practitioner.

This audit also verified the service as suitable to provide to provide Residential Disability -Intellectual services.

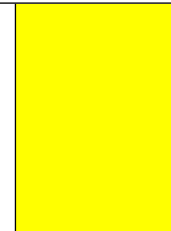
The owner/directors (husband/wife) have owned the facility for 25 years. The business is managed by one of the owner/directors, (husband). The manager is supported by an experienced non-clinical care coordinator, who lives on site, a quality improvement officer, and full-time registered nurses. The owner/directors are responsible for the operational and financial aspect of the business.

The service has addressed the previous certification audit identified shortfalls around staff first aid certificates. There is an ongoing shortfall around progress notes.

This surveillance identified shortfalls in relation to family/whānau notification, care plan and assessment timeframes, care plan interventions, monitoring and evaluations, and medication management.

## 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.



Some subsections applicable to this service partially attained and of low risk.

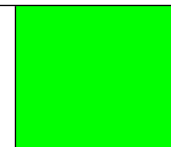
Irwell Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori health plan is in place. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. There have been no complaints since the previous audit.

## 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.

Irwell Rest Home has an overarching strategy with clear business goals to support organisational values. The business plan aligns with the mission statement and operational objectives. Effective quality and risk management systems that take a risk-based

approach are in place to meet the needs of the residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained.

The service has an implemented health and safety programme. Hazards are managed. Incident forms are documented, and results are analysed.

There is a staffing and rostering policy which aligns with contractual requirements and includes skill mixes. A role specific orientation programme and regular staff education and training are in place. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the 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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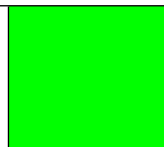
The registered nurse is responsible for all care planning and care plan reviews. The service uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews.

The food service caters for residents' specific dietary likes and dislikes. A current food control plan is in place.

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

## Te aro ki te tangata me te taiao haumarū | 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.

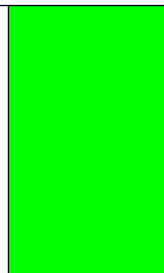


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## 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.

There is a comprehensive infection control programme in place which is reviewed on an annual basis. A monthly surveillance infection control report is completed and is communicated to staff and management.

Covid-19 response plans are in place and the service has access to personal protective equipment. There has been one Covid-19 outbreak since the previous audit.

## 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.

The restraint coordinator is the registered nurse. There have been no residents at Irwell Rest Home using restraints for many years. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

### 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	2	0	0
Criteria	0	45	0	4	2	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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>Irwell Rest Home has a Māori Health Plan which is embedded in staffs' daily practises to ensure Te Tiriti o Waitangi is considered in their day-to-day work. The service has relationships with Māori stakeholders and local communities. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</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>A Pacific health plan is in place for residents who identify as Pasifika. Irwell has relationships with Pacific organisations such as churches through staff, to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Staff who were interviewed were knowledgeable around cultural preferences of residents who identify as Pasifika.</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. Staff interviewed (one registered nurse (RN), quality improvement officer, four caregivers, the chef, the relief cook, the care coordinator and administrator) could describe how they uphold residents rights in relation to their role.</p> <p>Four residents (three rest home, and one younger person with a disability) were interviewed and reported all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. The care plans reviewed were resident centred and evidenced input by residents and their family/ whānau into their care and choices/independence. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual, this was confirmed in interviews with two family/whānau and four residents</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>A policy regarding abuse, neglect and prevention policy has been implemented. A process is in place to manage residents' comfort funds, such as sundry expenses and the handling of precious items – taonga. The service is inclusive of ethnicities, and cultural days are held to celebrate diversity. Staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Training on cultural safety, understanding, prevention of discrimination, racism, stigma, and bias was completed.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the RN and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction to the service.</p>
Subsection 1.6: Effective communication occurs	PA Low	There is a policy documented to guide staff around open disclosure. Family/whānau interviewed felt there was good communication with the facility,

<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>and they were updated of any changes in resident condition. A range of files were reviewed and family/whānau were notified (when this was applicable); however, not all incident/ accident reports reviewed evidenced if the family were notified or not.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There is a policy that guides informed consent. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. During interviews with family/whānau they confirmed they are involved in the decision-making process, and in the planning of resident's care, where that is appropriate.</p> <p>Discussions with the RNs and caregivers confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney (EPOA) and activation documentation were evident in the resident files sampled.</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</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and family/whānau on entry to the service. The owner/manager maintains a record of all complaints, both verbal and written, in a complaints' register. There have been no internal or external complaints since the last audit. Documentation of previous complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved and closed. Discussions with family/whānau and residents confirmed</p>

<p>equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>they are provided with information on the complaints process.</p> <p>There are complaints/concerns/compliments forms and a suggestion box located in a visible location at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held regularly. Interviews with the owner/manager and RN, confirmed their understanding of the complaints process. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The owner/manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Irwell Rest Home is privately owned and operated. The service provides care for up to 60 residents at rest home level care. There are no double or shared rooms.</p> <p>At the time of the audit, there were 40 residents including five residents on a 'younger persons with disabilities' (YPD) contract. All other residents were under the age-related residential care (ARRC) contract.</p> <p>The owners wish to add Residential Disabilities -Intellectual to their certificate. They currently provide care for five residents who are on this contract and were verified as suitable to provide this level of care.</p> <p>The owner/directors (husband/wife) have owned the facility for 25 years. One of the owner/directors (husband) manages the business daily. The owner/manager is supported by a care coordinator (non-clinical), who currently lives on site, a quality improvement officer (RN), a fulltime and part-time RN. The 2022/2023 business plan includes a review of service goals for 2021/2022 and they are documented as being achieved.</p> <p>The owner/manager oversees the implementation of the business and quality plan. The owner/manager and RN meet to discuss progress updates on various topics including quality data analysis, escalated complaints, human resource matters and occupancy. The owner/manager works closely with the RN, care coordinator (non-clinical) quality improvement coordinator. The quality improvement coordinator has had training in quality improvement to assist their understanding of aged care. The RN provides clinical oversight of the service</p>

		<p>provision and ensures it aligns with the Irwell Rest Home vision as well as the relevant standards and legislation. The co-owner provides lived experience input to the service as tāngata whaikaha/person with a disability. Staff, caregivers and activities coordinators are experienced in the care and support of the disabled residents/tāngata whaikaha who live at Irwell Rest Home and the service includes training such as enabling good lives and specific conditions in their education programme.</p> <p>Irwell Rest Home has a business plan in place, which links to the vision and strategic direction. Clear, specific business goals are documented to manage and guide quality and risk and are reviewed annually.</p> <p>The owner/manager (interviewed) has been at Irwell Rest Home for twenty-five years and has extensive business experience and understands the responsibilities required in the implementation of health and disability services standard. Further to this the owner/manager explained their commitment to Te Tiriti o Waitangi obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The owners have relationships with Māori community groups to provide input as necessary and there are a number of residents, whānau and staff who are Māori who can support residents and staff at Irwell Rest Home. Te Whatu Ora – Capital Coast and Hutt Valley has cultural support and training available for aged care providers.</p> <p>The owners have completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</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</p>	<p>FA</p>	<p>Irwell Rest Home has a quality and risk management programme in place which has been developed by an external consultant and approved by owners, the quality improvement officer and the RN. There are quality focussed goals documented, and progress is reviewed, monitored, and evaluated at the quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies,</p>

<p>equity. 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>complaints received (if any), staffing, and education; with opportunities discussed to minimise risks that are identified. Meeting minutes reviewed evidenced quality data being discussed at staff/quality meetings. Quality data and trends captured in minutes are posted on a noticeboard, located in the caregivers office. Internal audits were completed as per schedule and staff were informed of the outcome. Corrective action plans are identified, implemented, and signed off when completed.</p> <p>The quality improvement coordinator and one of the owners maintain document control. New policies and procedures reflect updates to the Ngā Paerewa Service Standard and are implemented when they become available. There are procedures to guide staff in the management of clinical and non-clinical emergencies. There are printed copies of policies available to all staff. There is documented evidence that updated and new policies are discussed at staff meetings.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was sighted. Health and safety policies are implemented. There have been no serious staff injuries in the last 12 months. Health and safety training begins at orientation.</p> <p>Each incident/accident is documented in hard copy. Incident and accident data is collated monthly and analysed. Benchmarking activities occur by doing comparisons between months. Results are discussed in the staff and quality meetings which the manager/owners attend.</p> <p>Discussions with the RN and manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Since the previous audit in 2022, no section 31 notifications have been required. There has been one outbreak which was appropriately notified.</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</p>	<p>FA</p>	<p>Irwell Rest Home has a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing rosters were sighted and there is an adequate number of staff on duty to meet the resident's needs on different shifts and for both floors of the facility. The manager stated staff shortages over the past eighteen months; however, this has now resolved.</p> <p>The owners live locally and are available on call 24/7 for any operational issues.</p>

<p>quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>The care coordinator (non-clinical) lives on site and works 40 hours per week and provides support on site as necessary with the RN providing on-call for clinical issues.</p> <p>At the time of the audit, there is one RN who works 40 hours per week Monday to Friday. There are ongoing efforts to recruit further RNs and there is an international nurse working as a senior carer who intends to complete a competency assessment programme. The RN, quality improvement coordinator, caregivers, residents, and family/whānau members interviewed, advised staff are busy, but that sufficient staff are rostered on for each shift. There is a first aid trained staff member on duty 24/7.</p> <p>There is an annual education and training schedule in place. The education and training planner covers compulsory education requirements over a two-year period. Training has been based on policy and questionnaires over the past year as Irwell Rest Home has found it more difficult to obtain external presenters for training. The registered nurses have attended education sessions at Te Whatu Ora – Capital Coast and Hutt Valley. The RN has completed interRAI training. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. There were 21 caregivers in total (three have completed NZQA level four certificate, eight have achieved level three certificate and three caregivers have achieved two certificates). Training for enabling good lives principles has had to be cancelled; however, is on the planner for January 2023.</p> <p>Competencies are completed by staff including medication, hand hygiene, infection control, fire and emergency training, health, and safety etc. A record of completion is maintained in each staff members files.</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</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Six staff files (one care coordinator, one RN, one quality improvement coordinator, one chef and two caregivers) were reviewed. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and suitability for the role.</p> <p>All files reviewed had completed orientation and a completed competency assessment which Irwell Rest Home uses to measure staff competence. A</p>

<p>maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>current practising certificate was sighted for the RNs. The orientation programme is in place to provide new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff are adequately orientated to the service. There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff who have been employed for more than a year have a current appraisal on file.</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>PA Moderate</p>	<p>Five resident files were reviewed, (including a younger person with an intellectual disability - YPD). An initial assessment and care plan on admission is completed by the RN. Initial care plans for long-term residents reviewed were evaluated by the RN within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were not always completed within the required timeframes and the outcomes of these assessments were not always reflected in the needs and supports documented in the care plans. The care plans reviewed were people centred and individualised; however, these had not always been evidenced as being completed with input from the resident and their family/whānau. The residents and family/whānau interviewed reported that they participate in the care planning process and review. Care plans include allied health and external service provider involvement where required. Short-term needs such as current infections, wounds and weight loss are recorded on short-term care plans, however, if these needs become long term, they are not always transferred to the long-term care plan and care plans were not always evaluated at least six-monthly or sooner if care needs change.</p> <p>Irwell Rest Home has systems and processes to support people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate the EPOA may be involved) being in control of their care and are included in care planning and decision making, and this was evidenced in the YPD file reviewed. Further to this the service is responsive to young people with disabilities accessing community, resources as well as access to community groups, family/whānau and friends are welcome to visit at any time.</p> <p>The service contracts with a general practitioner (GP) four hours per week. The GP completes three-monthly reviews, admissions, and discusses residents of concern and provides on-call service 24/7. The GP (interviewed) was very</p>



	<p>satisfied with the Irwell Rest Home stated they were notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided. There is a contracted podiatrist who visits six-weekly. The physiotherapist is available as required.</p> <p>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 electronic progress notes. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review and if required a GP visit. Family/whānau are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes.</p> <p>Wound management policies and procedures are in place. Wound assessments, and wound management plans with photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. Wound records were reviewed for residents with current wounds. The wound clinical nurse specialist and the GP have input into chronic wound management. On the day of the audit, there were five wounds, including skin tears, two stage one pressure injuries. There has been training on wound management and pressure injury management for the RN and caregivers. The RN and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources, as sighted on the days of the audit. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts included (but not limited to) weights, vital signs, blood glucose monitoring. Incident reports reviewed evidenced timely follow-up of all incidents; however, neurological observations have not always been recorded for unwitnessed falls or falls where there has a potential for a head injury. A post fall assessment was completed on some occasions.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. Caregivers advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Daily progress notes are maintained by the caregivers and the RN completes a weekly review as noted in the files reviewed; however, there was also no evidence in the files review of the RN following up with the resident after a fall</p>
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		had occurred.
<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>Policies and procedures are in place for safe medicine management. Medications are stored securely. The internal audit schedule includes medication management.</p> <p>The registered nurse and medication competent caregivers administer medications; all have completed medication competencies annually. All medications are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place to ensure residents are competent and there is safe storage of the medications. There was one resident self-administering medications on the day of the audit. Competencies and safe storage were implemented as per policy. The registered nurse advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication room temperature monitoring and recording has not been completed. The fridge temperatures have been consistently monitored and recorded weekly. All eye drops sighted in the medication trolleys were dated on opening. No standing orders are used. No vaccines are stored on site.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP have reviewed the medication charts three-monthly. As required – prn medications had prescribed indications for use and were administered appropriately, with outcomes documented on the electronic medication management system. Residents and family/whānau interviewed stated they are updated about medication changes, including the reason for changing medications and side effects. There was evidence of this communication with residents and family/whānau in the clinical records.</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</p>	<p>FA</p>	<p>All food and snacks are produced on site, and it complies with current food safety legislation and guidelines. On admission a nutritional profile is completed for residents, which identifies dietary requirements, likes, and dislikes, a copy is provided to the kitchen. This is reviewed/updated six-monthly as part of the care plan review. Dietary preferences were noted on the kitchen noticeboard for kitchen staff to access at all times. The four-weekly menu cycle is approved by a</p>

<p>access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>contracted dietitian and includes modified diets (moullis, supplements, soft and purees) for residents. There is a current food control plan in place.</p> <p>The interviewed residents and family/whānau expressed satisfaction with food portions and the options available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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 exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau were involved for all transfers, and discharges to and from the service, including being given options to access other health and disability services and social support, Te Whatu Ora – Capital Coast and Hutt Valley or relevant Māori agencies where indicated or requested.</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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. A proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard is in place. The building warrant of fitness expires on 23 November 2023. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Hot water temperatures were monitored and recorded as part of the maintenance schedule and were noted to be under 45 degrees Celsius.</p> <p>There are two main lounges as well as a small lounge with library and activity resources. Spaces were culturally inclusive and provide privacy for residents who are younger. RN and caregivers reported when interviewed there is equipment available to meet the needs to the residents. The RN confirmed that when admitting a younger person consideration is given to the potential compatibility of the residents.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There are policies and procedures in place to manage emergencies and civil defence emergencies. Training around management of emergencies including fire drills is included in the education plan. Staff have completed first aid training. There is at least one member of staff on duty with a current first aid certificate. The previous shortfall (4.2.4) has been addressed.</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>	FA	<p>There is a clearly documented infection prevention and control program in place, which has been developed by an external consultant and has been approved by the owners, quality improvement coordinator and the RN. Further expertise is available from the infection control experts at Te Whatu Ora – Capital Coast and Hutt Valley. The infection control programme is reviewed annually. Infection control is part of the education plan as well as being included in the orientation programme at the commencement of employment. Staff have completed infection prevention and control education including donning and doffing of personal protective equipment (PPE), hand hygiene, and standard precautions.</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</p>	FA	<p>Surveillance of healthcare-associated infections is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. All infections are collated and analysed monthly with trends identified, and corrective actions implemented. Results of the surveillance data and benchmarking (includes ethnicity data) results are shared with staff during shift handovers, monthly staff meetings and reported to the directors. The RN at interview confirmed that the GP is informed when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>There has been one Covid -19 outbreak reported in December 2022 since the</p>

infection prevention programme, and with an equity focus.		previous audit; this was managed appropriately, with appropriate notifications completed.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The RN is the restraint coordinator. Irwell Rest Home has no residents using restraint. There are procedures providing guidance and direction around maintaining a restraint free environment which staff were knowledgeable around. If restraint was considered and required, this would be reported at the quality meeting (which the manager/owner attends). The facility works in partnership with Māori, to promote and ensure services are mana enhancing and has access to cultural advice and support through links within the staff and the community. Staff have had training in restraint minimisation, behaviours that challenge and de-escalation techniques.</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)
Criterion 1.6.3 My service provider shall practise open communication with me.	PA Low	Family/whānau interviewed felt they were informed in a timely manner when there were any changes to their family members condition, and they were updated following a GP consultation; however, not all incident and accident reports reviewed evidenced family/whānau notification.	Ten of 12 incident report were not fully completed to evidence family/whānau notification.	Ensure all incident reports evidence family/whānau notification or identify the reason they were not contacted.  90 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person	PA Low	An RN completes interRAI assessments, long-term care plans had been documented for residents that were holistic and resident centred; however, not all interRAI assessments, interRAI reassessments, initial assessments and initial care plans, long-term care plans and care plan evaluations were	i). Three of five resident files reviewed did not evidence initial assessments and initial care plans completed within 24 hours of admission.  ii). Three of four resident files who required interRAI reassessments did not have	i). - iii). Ensure initial interRAI assessments, reassessments, long term care plans and evaluations are completed within the required timeframes.  iv). Ensure care plans

receiving services requests this.		evidenced as being completed within expected timeframes. Further to this not all assessments and care plans evidenced input from the resident or family/whānau; however, residents and family/whānau interviewed felt informed about care and their medication needs or changes.	these completed six-monthly. iii). Routine care plan evaluations were not evidenced to be completed in the required timeframes. iv). There was no documented evidence of resident or family/whānau input to care plans or evaluations.	evidence resident and family/whānau input.  90 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and</p>	PA Low	<p>All files reviewed had evidence of the resident's values, preferences and choices and these are documented consistently. The RN is responsible for nursing assessment and care planning. Cultural training has occurred, and care staff described their understanding of Māori constructs; however, Māori care plans are not included in care planning with associated pae ora goals. Care plan interventions were documented in the care plans available; however, these were not always updated to meet resident's current needs. The RN reports that the seven residents admitted to the service in the six months had initial assessment and care plans completed; however, there were no initial interRAI assessments completed for these residents and the initial care plans had not progressed to long-term care plans. The RN reported due to the resignation of the other RN there were a number of long-term residents' care plans, including interventions and evaluations had not been reviewed by a RN since</p>	<p>i). Changes in residents condition including mobility, cognitive function, nutrition needs, activities of daily living, wound care and increasing challenging behaviours and continence needs have not been updated for three long-term resident files reviewed.</p> <p>ii). A resident who identifies as Māori had a completed initial assessment; however, there is no further information about Māori tikanga or pae ora outcomes. Cultural assessments were evidenced as completed, and care plans lack interventions around residents lived experiences, cultural values, and preferences.</p>	<p>i). Ensure all care plan interventions reflect changes in resident condition.</p> <p>ii). Ensure that care plans are developed with Māori residents and their whānau to include the resident's pae ora outcomes.</p> <p>90 days</p>

<p>align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>July 2022. Caregivers interviewed were knowledgeable about the care needs of the residents. This is a documentation issue only.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk</p>	<p>PA Low</p>	<p>There are monitoring charts in place for residents (where appropriate) including weight, blood sugar and vital signs which are all maintained; however, not all other monitoring charts have been maintained as per policy.</p>	<p>i). Five residents did not have monitoring of neurological observations completed as per policy.</p> <p>ii). The behaviour monitoring in place for a resident has not been reviewed by the RN.</p> <p>iii). Two residents had no documented follow up from the RN stating the neurological observations were complete.</p>	<p>i). Ensure neurological observations are completed as per policy for all unwitnessed falls.</p> <p>ii - iii). Ensure RN follow up occurs follow up on all adverse events as per policy and monitoring is reviewed to determine a residents further needs.</p> <p>90 days</p>



<p>assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>The RN reported as they had been the sole RN for the previous three months a number of permanent resident files required care plan reviews and evaluations as they had not been completed as scheduled. Care plans are evaluated six monthly and documented the progress towards goals. Short term care plans are utilised for acute short-term issues and regularly reviewed, if the condition persist beyond three weeks, the policy states it will be transferred to the long-term care plans. Short falls have occurred as care plan reviews/evaluations do not meet time frames, short term care plans are stopped but the long-term care plan has not been updated, short term care plans continue on past the three weeks that the policy states they will be reviewed and transferred to the care plan. Reassessments are completed when needs change.</p> <p>Continuity of care is communicated and promoted through handovers, a communication book, diary and progress notes. Daily progress notes are maintained by the caregivers and the RN completes a weekly review as noted in the files reviewed; however, here was also no evidence in the files review of the RN following up with the resident after a fall had occurred. Progress notes</p>	<p>i). Short-term care plans are not transferred to long term care plans when interventions become long term. ii). Progress notes do not evidence a RN review of care delivered by caregivers following falls or other minor incidents.</p>	<p>i). Ensure all short-term care plans are reviewed as per policy and long-term issues are transferred to long term care plans. ii). Ensure RN notes evidence regular review of care delivered by caregivers and that the RN follows up with acute issues such as falls.</p> <p>90 days</p>

		did not always provide evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed.		
<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>There are safe and secure processes and procedures documented for the safe management of resident information and medications. Medications are checked in by medication competent staff when they arrive at Irwell Rest Home and stored in locked cupboards in the office, medications for return to the pharmacy are in a locked cupboard prior to return. The office holds resident information and documentation. The room where medication is stored was not evidenced as being maintained below 25 degrees Celsius.</p>	<p>i). The room where the medications are stored is not monitored to ensure the temperature is at or below 25 degrees Celsius.</p> <p>ii). The office which holds resident information and medications including controlled drugs is not always secure when there are not staff present.</p>	<p>i). Ensure there is monitoring in place to keep the room at the correct temperature.</p> <p>ii). Ensure the room where medications and resident information are held is secure when there are no staff in the area</p> <p>60 days</p>

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

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

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

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

No data to display
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End of the report.