

Chetty's Investment Limited - Glenbrook Rest Home

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 The DAA Group Limited, 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: Chetty's Investment Limited

Premises audited: Glenbrook Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 January 2024 End date: 8 January 2024

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: 21

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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
	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

Glenbrook Rest Home (Glenbrook) provides rest home services for up to 22 residents. There have been no significant changes to the service since the last certification audit in July 2022.

This surveillance audit process was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 8134:2021 and the provider's agreement with Te Whatu Ora Health New Zealand – Te Whatu Ora Counties Manukau.

The audit process included a sample of residents' and staff files, observations, and interviews with residents, family/whānau members, the owner/manager, staff, and a general practitioner. Clinical oversight of the facility is managed by a registered nurse. Residents and family/whānau were complimentary about the care provided.

The previous improvements related to resident and staff meetings, analysis of data, ongoing staff education, and issues relating to PRN medication had all been addressed. This audit resulted in three corrective actions: the testing and tagging of electrical equipment is overdue, there were expired medications on site, and surveillance of infections does not include recording of ethnicity data.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The organisation is aware of its responsibilities under Te Tiriti o Waitangi and endeavours to enact the principles into everyday practice.

Mana motuhake is respected and Te Whare Tapa Whā is utilised in all support planning. Pasifika policies and procedures are aligned with national strategies embracing world views, and cultural and spiritual beliefs.

The organisation maintains a socially inclusive and person-centred service which is aligned with the Code of Health and Disability Services Consumers' Rights (the Code). There are appropriate systems and procedures for reporting and recording any allegation of, or suspected, abuse and/or neglect. Residents' property and finances are protected, and professional boundaries are maintained.

Consent is obtained where and when required. Whānau and legal representatives are involved in consent processes that comply with the law. Residents and family members/whānau confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

The complaints process aligns with consumer rights legislation.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The owner/manager of Glenbrook Rest Home assumes accountability for delivering a high-quality service with the support of a registered nurse. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities. There were no perceivable barriers or equity issues for Māori. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals.

The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated, and trends are analysed. Staff are involved in quality activities through staff meetings. Residents and family/whānau provide feedback via resident meetings and through the resident satisfaction survey. Adverse events are documented, with corrective actions implemented. The service complies with regulatory reporting obligations. Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Staff attend regular education/training and individual competencies are assessed.

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.

Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. The transition, transfer, or discharge plan is documented. Transfers to other healthcare services and discharges are managed in an appropriate manner to allow residents' safety and continuity of care.

Medicines are safely stored and administered by staff who have current medication administration competency.

A holistic approach to menu development is adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences are undertaken in consultation with residents and family/whānau where appropriate. Residents verified satisfaction with meals.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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There have been no changes to the facility since the last audit. There is a current building warrant of fitness.

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.

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

The registered nurse oversees implementation of the infection prevention programme, which is linked to the quality management system. Annual reviews of the programme are reported to the facility manager, as are any significant infection events.

Staff receive infection prevention education during the induction period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively. Appropriate processes were implemented to prevent the spread of infection.

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 organisation has no history of restraint use. All staff receive training on restraint minimisation and the management of behaviours of concern.

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	16	0	2	1	0	0
Criteria	0	49	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. Care plans are based on Te Whare Tapa Whā. The principles of Te Tiriti o Waitangi are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with a resident who identified as Māori.</p> <p>A number of staff identify as Māori. These staff confirmed that services are provided in a culturally safe manner. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered. A Māori resident reported that their mana is protected and that they are treated with dignity and respect. The resident stated that they are not afraid to speak up if they feel their world view has not been fully considered. Any feedback is respected and appreciated.</p> <p>The organisation continues to increase the amount of te reo Māori spoken in everyday practice and the inclusion of te ao Māori in daily activities.</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>	FA	<p>The organisation has a Pacific Peoples policy which identifies Pasifika world views. A Pasifika resident said their care needs were being adequately met. There is support for Pasifika residents via a number of local Pasifika organisations. Interview with the organisation's owner confirmed that they</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>are aware of their responsibility to support equity for Pacific peoples. There are a number of staff members who originate from a Pasifika background across all levels of the organisation, including governance and management.</p> <p>Evidence of inclusiveness and adaptability to the residents' needs were observed during the audit and confirmed in resident interviews.</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 in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Staff have received training on the Code as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Residents confirmed that their rights were observed.</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>	FA	<p>The previous corrective action related to resident meetings has been resolved. Minutes of regular and ongoing resident meetings confirmed that all residents have an opportunity to participate and share their experiences of the care provided.</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>Residents stated that they have not witnessed or suspected abuse and neglect, and that staff maintain professional boundaries. The staff orientation process includes education related to professional boundaries. Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their family/whānau on admission. These were noted in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual</p>

		<p>values and beliefs and staff respected these. Residents' meetings are scheduled on the plan to be held six-monthly. Residents were updated regularly on events happening in residents' meetings held as scheduled. A record to evidence the regular updates and meeting minutes was available. In interviews, residents confirmed that they are free to express any concerns they may have and the owner/manager or the RN are approachable, and any concerns raised were promptly acted upon.</p> <p>Staff have received education on elder abuse. Residents reported that they are free to express any concerns to the management team when required, and these were responded to promptly.</p> <p>Residents' property is labelled on admission, and residents reported that their property is respected. There is a comfort account accessed through the owner/manager that residents can utilise for safe keeping of their money.</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>Residents confirmed they are provided with information and were involved in the consent processes. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission. Staff were observed to gain consent for daily cares.</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</p>	FA	<p>Policy and procedure outline the process for complaints, including specifying considerations for Māori. A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. The owner/manager maintains a record of all</p>

<p>response. 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. 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>complaints in a complaint register. Complaints information is given to residents and family/whānau on admission, along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy. Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There have been three verbal complaints received in the last 12 months. All complaints had been investigated and followed up with the complainant to achieve resolution. Corrective actions were identified and implemented immediately. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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>The owner/manager assumes accountability for delivering a high-quality service with support from a RN. There is no governance group. The owner/manager and RN meet regularly to plan and monitor performance and ensure services meet legislative, regulatory and contractual requirements. Planning includes a mission statement identifying the purpose, values, direction and goals for the organisation. The plan is reviewed annually or as required. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into all levels of practice for all residents. Policy outlines the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. Health plans align with Te Whare Tapa Whā and Ola Manuia. Mechanisms are in place to gather equity data and improve outcomes, except for infections (see corrective action in 5.4.1) The organisation actively works to reduce any barriers to access, ensuring the entry process is equitable.</p> <p>The management team work with staff to meet the requirements of relevant standards and legislation. A monthly report is presented to staff meetings, attended by the owner/manager and the RN, that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. A sample of staff meeting minutes showed adequate information to monitor performance is reported at these meetings. The previous corrective action (HDSS 8158:2021 criterion 2.2.1) related to the regularity and documenting of staff meeting minutes has been addressed. Information relating to incidents, complaints/compliments, infections and outcomes of internal audits are clearly described in the meeting minutes</p>

		<p>which are made available to all staff. The funder provided written confirmation on 13 March 2023 that these corrective actions had been resolved.</p> <p>Clinical governance is overseen by the RN in consultation with the service's general practitioners and geriatric speciality team members from Te Whatu Ora.</p> <p>The organisation holds agreements with Te Whatu Ora Counties Manukau for the provision of rest home services including respite care. On the day of audit 21 of the 22 available beds were occupied by long-stay residents.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation applies a risk-based approach to quality management. A range of quality-related activities are implemented. Services are monitored through feedback, resident surveys, review and analysis of adverse events, surveillance of infections, health and safety reports and implementation of an internal audit programme. Corrective action plans are documented when required, with evidence of closure. Records of meeting minutes sampled confirmed that quality data is discussed and communicated throughout the organisation. The previous corrective action in criterion 2.2.1 has been addressed. Resident surveys include questions regarding cultural safety to ensure Māori needs are met. Surveys sampled confirmed satisfaction.</p> <p>An organisational risk management programme is in place. The risk management programme covers the scope of the organisation with risk levels and mitigation strategies documented. There is evidence that actions are being implemented, monitored and updated as required. Health and safety policies and procedures are documented, along with a hazard management programme. Business and fiscal sustainability are closely monitored.</p> <p>A sample of incidents forms reviewed showed these were described in detail, incidents were investigated, action plans developed and actions followed up in a timely manner. The process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. Documented evidence of monthly incidents and infections being analysed to identify trends and address shortfalls was sighted in the quality folder. The previous corrective action from HDSS 8158:2021 criterion 2.2.3 has been</p>

		<p>addressed. The owner/manager is aware of situations in which the organisation would need to report and notify statutory authorities. Positive COVID-19 cases were reported to public health in December 2023. There have been no events requiring a Section 31 notification since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the needs of residents. Health care assistants reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. The RN visits two to three days a week between Monday and Friday and is available on call after hours and at the weekend. Another full time RN has been employed and was orientating on the day of audit. This person was living on site.</p> <p>The facility continues to schedule 12-hour shifts for caregiving staff due to difficulty recruiting staff. A sample of duty rosters allocated two caregivers (one of whom is responsible for cleaning and laundry and assists with bed making), and a cook who also assists with care. The senior HCA was on duty from 6.30am to 7pm and the other from 8am to 9pm. The sole night staff HCA begin their shift at 6.45pm until 7.15am. Staff records showed these caregivers were medication competent. Recreational activities are provided by an activities coordinator who works Monday to Friday. All staff had current first aid certificates.</p> <p>Continuing education is planned on an annual basis. Staff training records sighted confirmed that all staff are engaging in ongoing education related to care of older people. The previous corrective action (HDSS 8158:2021 criterion 2.3.4) has been resolved. Competencies for medication, manual handling, fire and emergency management (including fire drills), first aid, chemical safety, food handling, and pandemic planning (including the use of personal protective equipment (PPE) have been completed for all staff. The service has embedded cultural values and competency in their training programmes, including information on equity, cultural safety, Te Tiriti o Waitangi, and tikanga practices. A staff member who identifies as Māori confirmed that culturally competent care is delivered equitably to Māori residents. This was supported by residents interviewed.</p>

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A record of all employed and contracted health professionals' current practising certificates is maintained. These were all sighted as current.</p> <p>The sample of five staff records contained evidence of the recruitment process, signed employment agreements, reference checking, police vetting, COVID-19 vaccination status, and completed orientation.</p> <p>Staff performance is reviewed annually.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. InterRAI assessments were completed in a timely manner. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessments include Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga.</p> <p>Te Whare Tapa Whā model of care was utilised for residents who identify as Māori. Relevant interRAI outcome scores have supported care plan goals and interventions. The care plans reflected identified residents' strengths, goals, and aspirations, aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified, were addressed in the care plans, where applicable.</p> <p>Wider service integration with other health providers, including specialist services, medical and allied health professionals was evident in the care</p>

		<p>plans. Changes in residents' health were escalated to the general practitioners (GPs). Referrals made to the GPs when residents' needs changed, and timely referrals to relevant specialist services as indicated, were evident in the residents' files sampled. The interviewed GP confirmed satisfaction with the care being provided. Medical assessments were completed by the GPs, and routine medical reviews were completed regularly, with the frequency increased as determined by the resident's condition.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the health care assistants. Changes noted were reported to the RN, as verified in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations, where applicable. Where progress was different from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Residents, family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>An electronic medication management system is used. All staff who administer medicines had a current medication administration competency. The completed competency records were available in the staff files. A health care assistant was observed administering medicines. The administered pro re nata (PRN) medicines were consistently evaluated for effectiveness. The previous corrective action in relation to criterion 3.4.2 has been addressed.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented</p>

		<p>on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used. Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation occurs as required. There were expired PRN medicines found in the storage cupboard and opened eye drops in use were not dated. Clinical pharmacist input was provided on request. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>There were no residents who were self-administering medicine at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner when required. Staff understood the requirements.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>The service operates with a current food control plan that expires in May 2024.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A documented transition, transfer, and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents' current needs and risk management strategies are documented, where applicable. Residents' family/whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>The building has a building warrant of fitness which expires on 31 May 2024.</p> <p>Planned and reactive property maintenance occurs. Electrical testing and tagging is overdue. The calibration of medical equipment is current.</p> <p>The physical environment supports the independence of people receiving services. The home has adequate space for equipment, individual and group activities, and quiet space for people receiving services and their whānau. The large grounds and external areas are well maintained. Furniture and fittings are also well maintained.</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</p>	FA	<p>The infection prevention (IP) programme is led by the RN who is the nominated infection prevention and control coordinator. The IP programme has been approved by the owner/manager, links to the quality improvement system and is reviewed and reported on annually. The IP programme was developed in consultation with people with IP expertise.</p> <p>Staff have received relevant education in IP at orientation and through</p>

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities defined in the infection prevention surveillance programme. Infection surveillance does not include ethnicity data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Infection outbreaks reported since the previous audit were managed effectively with appropriate notification completed.</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>Glenbrook is a restraint-free environment. Restraint has not been used in the facility since 2018. The owner/manager and the RN described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed, who also described their commitment to maintaining a restraint-free environment and therefore upholding the 'mana' of the residents under their care. Policies and procedures meet the requirements of the standard.</p> <p>The RN, in consultation with the GPs, is involved in decisions related to use of alternative interventions. Staff education in maintaining a restraint-free environment, and use of alternatives, occurs at least annually. The service conducts an annual internal audit designed for restraint-free environments. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The implemented medication management system is appropriate for the scope of the service. RNs were observed administering medicines. Twenty-three expired packs of blister-packed PRN medicine were found in the medication cupboards and three eyedrops in use did not have the opening date recorded.</p>	<p>PRN medicines found in the medicine cupboards were outside of use-by dates.</p> <p>Eyedrops in use found in the medication trolley did not have the opening date recorded.</p>	<p>Ensure the appropriate medication monitoring system is adhered to, in order to meet the requirements of this criterion.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and</p>	<p>PA</p> <p>Low</p>	<p>The owner is certified to carry out testing of electrical equipment. Records and interview confirmed this was last completed in 2021 and was due to recur before October 2023, which</p>	<p>Testing and tagging of electrical equipment is overdue.</p>	<p>Ensure all electrical equipment is tested and tagged at least every two years.</p>

disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.		did not happen.		90 days
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	Surveillance methods, tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. Ethnicity information was not included in surveillance data.	Surveillance did not include ethnicity data.	<p>Ensure surveillance includes ethnicity data to meet the criterion requirement.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.