

Chetty's Investment Limited - Alexander Lodge Rest Home

Introduction

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

The audit has been conducted by 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:	Alexander Lodge Rest Home	
Services audited:	Rest home care (excluding dementia care); Residential disability services - Psychiatric	
Dates of audit:	Start date: 25 January 2024	End date: 26 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:	19	

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

Chetty's Investment Limited - Alexander Lodge Rest Home (Alexander Lodge) provides care for up to 23 residents requiring aged-related rest home level care and mental health residential care. Another registered nurse has been employed since the last audit and is being mentored by the clinical manager. There have been no other changes to the facility with the exception of some facility refurbishment. The previous general practitioner is no longer providing services. Residents are being taken to the local GP practice where they are enrolled for assessments.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, a family member, the owner/manager, staff, and the practice manager from the general practice clinic.

At this audit eight areas for improvements were identified. These areas are in relation to policies and procedures/document control and using current internal audit templates, staff education, collection and sharing of high-quality Māori health data, and police vetting of new employees. Ensuring all residents have at least three-monthly reviews by a general practitioner including review of medications, and that the commencement dates of medications are consistently noted are also required. An antimicrobial stewardship programme has not been implemented and educational infection prevention resources are not available in te reo Māori.

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.

Alexander Lodge Rest Home operates collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes reducing barriers to improve outcomes for Māori and people with disabilities. New policies have been developed by an external consultant and this process included consultation with Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events/incidents are being reported. Corrective actions are undertaken when improvements are identified as being required. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Reference checks and interviews are conducted as part of the recruitment process. Staff are provided with a competency and ongoing education programme.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Each stage of service provision is managed by suitably qualified personal who are competent to perform the function they manage. When residents are admitted to the service, a holistic approach is adopted for service delivery. Relevant information is provided to prospective residents and those admitted to the service.

Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Records sampled demonstrated that the care provided and needs of residents were reviewed and evaluated on a regular basis. Residents are referred to other health services as required.

The planned activities programme provides the residents with a variety of individual and group activities and maintains their links with the community. Opportunities for Māori residents to participate in te ao Māori are facilitated. Residents are supported to maintain their independence and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

The service uses a pre-packaged medication system. Medication is administered safely by staff who have medication administration competency. All medical and medication reviews were completed by the contracted general practitioner in a timely manner up until September 2023. This area of service delivery is currently being reviewed.

The food service meets the nutritional needs of the residents, with special needs being catered for. Food is safely managed. Residents verified satisfaction with meals. There was a current food control plan.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff and residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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.
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The Infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. The clinical manager is the designated infection prevention and control nurse (IP&CN).


Specialist infection prevention and control advice is accessed when needed. There is a current pandemic plan and outbreak management plan.

Staff clearly understood the principles and practice of infection prevention and control. This was guided by policies and supported through ongoing education and training.

Hazardous waste is managed appropriately. There are safe and effective cleaning and laundry services.

Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the owner/manager. There were no residents using restraints at the time of audit.

Policies are available to guide staff practice. These include a comprehensive assessment, approval, monitoring and review process in the event restraint is used.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	5	2	0	0
Criteria	0	162	0	6	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Alexander Lodge Rest Home (Alexander Lodge) has developed policies and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. While updated policies and procedures have been developed to fully meet these standards, these have not as yet been released to staff. This is included in the area for improvement raised in criterion 2.2.2.</p> <p>Residents and staff interviewed confirmed mana motuhake is respected. Partnerships have been established with local health services and community staff, including support workers who identify as Māori, and a community Pasifika group, who together work in partnership with residents to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed by an external consultant with input from cultural advisers and is used for residents who identify as Māori.</p> <p>Residents and a whānau member interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were no staff employed who identified as Māori. The manager (who is also the care home owner and director) advised recruitment of staff that identify as Māori would</p>

		<p>occur if there were suitable applicants. Staff ethnicity data is documented. Due to the small number of the staff the manager and clinical manager know this information from memory.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Alexander Lodge identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. Residents are supported to maintain their linkages and relationships with the community, including cultural and spiritual, and multiple examples were discussed and sighted during audit.</p> <p>Pasifika residents interviewed felt their worldview, and cultural and spiritual beliefs were embraced. Individual spiritual and cultural needs are detailed in care plans sampled.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported. A significant number of staff are Pasifika and employed across all roles including management.</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>	<p>FA</p>	<p>Staff have completed training on the Code as part of the orientation process and in ongoing annual mandatory training as was verified in staff records and interviews with staff. The last training was held on 26 July 2023. Copies of the Code in English and te reo Māori were observed at the entrance to the facility. The Code is also available in other formats. Information on advocacy services and the Code was included in the admission agreement sighted.</p> <p>Residents confirmed being made aware of their rights and advocacy services during the admission process and explanation is provided by the RN on admission. Residents and a family/whānau member interviewed confirmed that services were provided in a manner that complies with their rights.</p> <p>There were residents who identified as Māori on the days of the audit. Māori mana motuhake is recognised in practice. The cultural and ethical policy is used to guide care for Māori residents when required. Care</p>

		plans are developed with residents to ensure residents' wishes and needs are identified and planned for appropriately.
<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>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, ethnicity and other social identities or characteristics are identified through the admission assessment process. These were documented in the residents' paper copy records sampled. Five individual resident records were sampled throughout the audit process. Staff were observed respecting residents' personal areas and privacy by knocking on doors and announcing themselves before entry. Personal cares were managed effectively, and privacy was respected by staff. Residents were supported to maintain as much independence as possible, as verified in the care planning and by observation on the day of the audit.</p> <p>The principles of Te Tiriti are incorporated in all aspects of service provision. Needs of tāngata whaikaha are responded to as assessed. The clinical manager stated that residents are supported to participate in te ao Māori where applicable.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Training on Te Tiriti o Waitangi has not been completed by all staff (refer to criterion 2.3.4).</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>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all new staff and are part of the ongoing annual mandatory training for all staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimization, systemic and institutional racism include the complaints management process and meetings with residents and family/whānau when able. Very few residents have any family/whānau support available. Residents and family/whānau that were available to be interviewed confirmed that</p>

		<p>residents are treated fairly, and they are free to express any concerns or issues they may have. They also confirmed that their property and finances are protected. Designated staff cut residents' hair to optimise resident's discretionary spending. Staff interviewed fully understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation. No abuse/neglect training has occurred in the last two years as per available records (refer to 2.3.4). The care staff interviewed were experienced staff and understood who to report to if they suspected any form of abuse was occurring for residents.</p> <p>A holistic model of care including the four cornerstones of Māori health: Physical wellbeing (taha tinana), mental wellbeing (taha hinengaro), social wellbeing (taha whānau) and spiritual wellbeing (taha wairua) is used to ensure wellbeing outcomes for Māori, when required.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <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>FA</p>	<p>Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions whether during admission or whenever required. The clinical manager stated that family contacts are always notified if a change or any incidents occur for residents. Residents are rarely visited by family or friends at Alexander Lodge. Management and staff interviewed understood the principles of effective communication, which is described in policies and procedures.</p> <p>Residents were referred to allied health providers where required. Information provided to residents was mainly in English. The clinical manager stated that the information can be provided in other formats when requested. Interpreter services are engaged when required. Residents currently make up a diverse cultural representation, as do the staff at this facility. Staff were able to translate information if needed. A cultural advisor can be sought from Te Whatu Ora Te Toka Tumai Auckland if required. Training on open communication was provided on 27 July 2023.</p> <p>Written information and verbal discussions were provided to improve communication with residents as able. Residents interviewed stated management and staff were approachable, helpful and responsive to requests in a sensitive manner.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making as able. Appropriate best practice tikanga guidelines in relation to consent are followed. The service has yet to release their updated policy (refer to criterion 2.2.2). The clinical manager and the RN understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents. Consent for sharing photographs, sharing information, van outings, treatments and/or procedures and open disclosure had been gained appropriately.</p> <p>Resuscitation authorisation plans were in place. One resident has an enduring power of attorney (EPOA) completed. Mental health agreement obligations are met as required (refer to subsection 2.1). No advance directives were sighted. Staff were seen to gain consent for daily cares.</p> <p>Residents' legal representatives/trusts made decisions where applicable in compliance with the law. Advocacy service contact details are accessible if needed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There have been six complaints received in the last 12 months. These were concerns raised by residents during different resident meetings. The manager advised any negative feedback raised by residents or whānau is managed via the complaints process. This assists the service in ensuring the complaints process works equitably for Māori.</p> <p>Documentation sighted showed that these concerns/complaints had been investigated and actions taken to address the concerns/complaints. The complainants were informed of findings following investigation.</p> <p>There have been no complaints received from external sources including Te Whatu Ora Health New Zealand, The Ministry of Health and the Health and Disability Commissioner since the previous audit.</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>The manager (owner) assumes accountability for delivering a high-quality service to the resident communities served. A quality advisor developed organisation policies and procedures with the assistance of a Māori cultural advisor. The management team have diverse lived experience including Pasifika. The manager has attended training of at least eight hours of education related to managing the service as required by the provider's contract with Te Whatu Ora Te Toka Tumai Auckland. The manager has completed training on Te Tiriti, health equity and cultural safety.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The manager has owned the care home for around 12 years, and also owns another aged related residential care (ARRC) facility in Auckland that also provides rest home level care. The clinical manager works across both care homes in a part time role and is training and mentoring the RN. A new RN was employed in November 2023 and works full time at Alexander Lodge.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular staff meetings. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through interviews with staff and the manager. A commitment to the quality and risk management system was evident. The manager interviewed felt well informed on organisation and individual resident clinical risks.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the manager, who stated external advice would be sought if required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through the regular resident meetings, resident participation in routine care plan development and review processes. The manager and clinical manager have an open door policy and all residents are welcome to speak with them at any time.</p>

		<p>The service holds contracts with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland) for rest home level care. There are 12 residents receiving long term services under this contract. Another contract is in place for long term care - chronic health conditions (LTC-CHC). There are four residents receiving services under this contract with two residents entering the service when they were under the age of 65 years of age. One other resident is receiving services via an individual package of care (housing and recovery services) with mental health and addictions services. Two residents are receiving services under a whaikaha disability support service agreement with Whaikaha (Ministry for Disabled People). There is also one boarder, and two residents that live on site in independent living. The manager described the processes implemented to ensure the boarder and those living independently on the premises were suitable and safe. The independent living unit is not included in the certified bed numbers. The manager advised the boarder would be rehomed if the ARRC bed was required.</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>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. Policies and procedures that align with Ngā Paerewa have not been released for staff as yet. Document control processes are inadequate. Internal audits are conducted using out-of-date templates. These are areas requiring improvement.</p> <p>Residents, whānau and staff contribute to quality improvement through quarterly resident meetings, and these meetings are well attended by residents. Minutes reflect discussion on food, activities, infection prevention and control, care, new staff, the complaints process, smoking areas, and individual resident feedback.</p> <p>The management team advise they are always reviewing and analysing their practices and systems to identify required improvements and possible inequities and the service works to address these. Some examples were discussed. Delivering high-quality care to Māori residents is supported through supporting residents to optimise and maintain their independence, including links with their community and access to spiritual and cultural services. Applicable residents are supported by</p>

		<p>community support workers, who are reported to be ‘culturally matched’ with the resident.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The manager and the clinical manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Residents’ individual clinical risks are identified via the InterRAI assessment and care planning process.</p> <p>Staff document adverse and near miss events in line with the organisation’s policy. The service is not required to comply with the National Adverse Events Reporting Policy as yet. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The manager could detail the type of events that are required to be reported as an essential notification. One essential notification had been made since the last audit related to a COVID-19 outbreak in 2022. The manager stated they had discussed with the portfolio manager that the facility’s designated general practitioner (GP) had stopped providing services and that interim arrangements were in place. A corrective action plan has been developed by the clinical manager related to this. The manager reported this as a Section 31 notification to HealthCERT during audit. The manager advised that there have not been any police investigations or resident deaths referred to the coroner.</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</p>	<p>PA Low</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 changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. This includes input from community mental health services where applicable. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>There is a RN on call when not on site.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on a bi-annual basis; however, not all topics required to meet the ARRC contract and Ngā Paerewa standards are included. The service is yet to determine how high-quality Māori health information is collected and utilised. Applicable competency assessments have been completed in sampled staff files.</p> <p>The management team and staff advised a key focus of Alexander Lodge is to support equitable service delivery and to maximise the participation of people using the service and their whānau. The care planning policies include processes to consult with individual residents during care development and review. This is done individually with residents and via the resident quarterly meetings. There is a whānau involvement policy which includes opportunity for whānau to have input into care planning processes. The management team noted, however, that some residents have very limited or no whānau involvement/input in their care despite the care home's best endeavours. Applicable residents have a registered health professional (RHP) key worker from the mental health and addiction service input into care planning and a community support worker (CSW) or person with lived experience to support the resident as required. These staff are employed by an external organisation and the content of job descriptions are not the responsibility of Alexander Lodge.</p> <p>Staff competencies requirements have been identified and staff assessed as competent for relevant competencies including first aid certification, medication management and vital sign monitoring competency as evidenced in staff files reviewed.</p> <p>Staff reported feeling well supported and safe in the workplace. Staff are provided with meals on regular occasions and rostering is flexible to give work/home balance.</p>
<p>Subsection 2.4: Health care and support workers</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on</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>good employment practice and relevant legislation. Police vetting is not occurring for new staff.</p> <p>Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and are monitored for currency.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. The staff orientation programme has been recently updated to reflect Ngā Paerewa requirements. The new RN has completed the previous orientation programme and has recently started to complete the new orientation components that align with Ngā Paerewa. Opportunities to discuss and review performance occurs three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff information is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements. The manager knows the ethnicity of all staff employed and detailed this during audit.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Paper-based clinical and medication records are maintained. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it. There are different versions of clinical forms in use. This is included in the area for improvement raised in criterion 2.2.2.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for National Health Index (NHI) registration. This criterion is rated as not audited.</p>
<p>Subsection 3.1: Entry and declining entry</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service</p>

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Coordination (NASC) agency or other authorised agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with information about the service and the admission process. Many residents were admitted directly from Te Whatu Ora facilities or other disability support services in the community.</p> <p>This service is unique in that residents offered services come from various backgrounds and disability services for rest home level care. Refer to subsection 2.1 for information on the contracts held and current occupancy. Residents' rights and identity are respected. Entry to services data is documented in the resident register maintained by the clinical nurse. Ethnicity data, entry data including specific entry and decline rates for Māori, is analysed in quarterly reports by the manager. Cultural support can be sought if needed for Māori residents. Māori cultural support can be accessed from whānau if able.</p> <p>The residents and a family/whānau member interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Resident records reviewed met contractual obligations and requirements.</p> <p>There are clear processes for communicating the decisions for declining entry to service.</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>The clinical manager or the one registered nurse (RN) complete admission assessments, care planning and evaluation of care plans in a timely manner. Assessment tools that include consideration of residents' lived experiences, cultural needs, values and beliefs are used. Cultural safety assessments were completed by the RN. The assessment plan utilised for Māori residents includes Māori healing methodologies, such as karakia, mirimiri and rongoā.</p> <p>The five randomly selected resident records sampled had current interRAI assessments completed and the relevant outcome scores had supported care plan goals and interventions. The care plans reflected identified residents' strengths, goals and aspirations aligned with their individual values and beliefs. The strategies to maintain and promote residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing were</p>

	<p>clearly documented. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care, where able or required.</p> <p>Service integration with other health providers including specialist services, medical and allied health professionals was evident in the care plans reviewed. The general practitioner (GP) who had been contracted to cover this service resigned suddenly in December 2023. All resident records up to September 2023 had had current and timely three-monthly reviews, or more frequently as indicated by their health status. These reviews were undertaken by the contracted GP (refer to 3.2.5). In the meantime (two months at the time of the audit, but five months since some residents had had their routine reviews completed), the clinical manager or the RN have been taking individual residents to the GP practice for consultations and review updates. All 19 residents were previously cared for by the one GP and enrolled at a local medical practice. The GP had covered the service for four years and knew the residents well. No GPs at the practice were available at the time of the audit for interview; however, an interview was held with the GP clinic practice manager, who was fully informed about the situation and obligations to be met by both parties as soon as possible. The clinical manager also has an alternative plan in place to pursue if needed.</p> <p>The clinical manager had developed a strategic plan during this time by preparing a yellow transfer envelope for each resident, including copies of all applicable resident records. In view of no GP afterhours cover this process has worked effectively. If an acute admission to hospital or a resident transfer situation was required to another health provider, all resident information was readily available for the staff if the RNs were not present at the time. The transfer process was clearly documented and displayed to guide staff.</p> <p>Residents' care was evaluated daily and reported in the progress records by the caregivers. Changes noted are reported to the RN or clinical manager, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following the interRAI assessments. The clinical manager has current interRAI competency and the new RN is nearing completion of interRAI training. Short-term care plans were</p>
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		<p>completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards achieving their agreed goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident and family/whānau if available, responded by initiating changes to the care plan.</p> <p>The resident records reviewed, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and any aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Residents and a family member confirmed being involved in the evaluation of progress and any resulting changes. Interviewed staff understood the process to support residents when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The registered nurse, as part of the admission process, finds out the interests and history of each resident. This is also assessed during the interRAI assessment process. Each resident has an activities plan. The activities planned programme is displayed on the notice board in the lounge for all residents to view. The plan reviewed is appropriate for the services provided at this home. The program differs each day from Monday to Friday. Activities are organised by the activities coordinator who has completed this role for over ten years. The health care assistants (HCAs) on each day implement the program accordingly. The residents at this facility are all mobile and enjoy their independence. If residents go out on their own, the time and the clothes they are wearing are noted in the progress records, in case they go missing. Many go out in the community on their own by choice and others are transported with the use of the rest home van. Two trips are made a day. The clinical manager is one of the designated drivers. A staff member always accompanies a resident to any appointments arranged, for example, to the medical practice or to the hospital clinics as needed. The younger persons disabled (YPD) are all over 65 years of age and have outings in the community which they choose to do such as the shopping malls, music events or visits to local parks.</p> <p>Opportunities for Māori residents to participate in te ao Māori are facilitated. Cultural and spiritual needs, if any, are addressed by staff. Family/whānau/representatives are invited to events and special days</p>

		but rarely attend.
<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>The implemented medication management system is appropriate for the scope of the service. The medication policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The lunchtime medication round was observed, and the process was managed safely. The staff demonstrated good knowledge and understanding and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and reviewed for all residents last September 2023. The GP resigned in December 2023. The ten records reviewed were documented correctly and meet legislative prescriber requirements. The clinical manager stated that when individual residents have been taken to the GP practice their medications have been reviewed. However, not all residents' medication records had been reviewed three-monthly at the time of the audit and the start date of medications not consistently noted. Medication allergies and sensitivities are recorded on the hard copy medication records and on the clinical record sheet. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication was stored safely. Medication reconciliation is conducted by the RN when regular packs are received from the pharmacy and when a resident is transferred back to the service. All medicines in the medication cupboard and trolley were current. Clinical pharmacist input was provided on request and when the six-monthly stock checks are completed. Any medicines requiring fridge storage are checked and the temperature is maintained daily. Any unwanted medicines are returned to the contracted pharmacy. Controlled drugs (CD's) were stored securely in accordance with requirements and are checked by two staff for accuracy when administering. Two staff, (one being an RN), complete weekly checks of balances and this is recorded in the CD register.</p> <p>Residents are supported to access and understand their medicines when required. The clinical manager stated that when requested by Māori,</p>

		<p>appropriate support and advice for treatment for Māori would be provided.</p> <p>There were no residents who were self-medicating medicine at the time of the audit. Appropriate processes were in place to ensure this was managed safely if required and staff understood the requirements.</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>	FA	<p>The full-time cook is responsible for the food service at Alexander Lodge Rest Home. 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. The cook has completed the required food safety training.</p> <p>The menu follows summer and winter patterns in a three-weekly cycle and was reviewed by a qualified dietitian on 15 January 2024. Meals are served in the dining room. One resident has all meals provided in the residents' own room at their request. Culturally specific to te ao Māori food options were available on the menu reviewed. The cook stated that these are provided to the Māori residents on request or as part of planned activities.</p> <p>The service operates with an approved food control plan and registration issued and the expiry is dated 6 August 2025. Mealtimes were observed during the audit and residents were seen to be enjoying the meals. Residents interviewed expressed satisfaction with the variety of meals provided.</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</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident, family/whānau or EPOA. Only one family member was contactable and reported that updates were provided regularly by the clinical manager. An escort was provided for any transfers or acute admissions to hospital due to the nature of the service. The reasons for transfer were</p>

<p>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>		<p>documented in the transfer documents reviewed and the resident progress records. The 'yellow envelope' system is used when transferring to another agency/facility or to the secondary/tertiary services. The resuscitation status is included in the information.</p> <p>The residents are supported to access kaupapa Māori agencies when indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required as evidenced in the records sampled.</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>	<p>FA</p>	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The service is on three levels with the laundry in the basement, and main dining room and lounge and the majority of bedrooms on the ground level floor. There are five bedrooms on the upper floor (including two bedrooms that can be used for the care of two residents), along with a smaller lounge and dining area. There is a lift between the ground and upper floor. This is serviced regularly. Only staff use the stairs to the basement. The building warrant of fitness has an expiry of 9 February 2024. The facility vehicle has a current registration and warrant of fitness.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. The manager is aware of the need to ensure consultation or codesign with Māori occurs when a new building is in the design process. There are no planned changes to the building occurring. Ongoing renovation and refurbishment is occurring.</p> <p>There is a designated area outside for residents to smoke or vape.</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>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service (NZFS) on 26 April 2012. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Additional emergency water supplies were obtained during audit. There is a process in place to check and rotate emergency supplies. Staff are able to provide a level of first aid relevant to the risks for the type of service provided. The manager advised that in the event of a power outage a small generator is available and is stored off site.</p> <p>Call bells alert staff to residents requiring assistance. Call bells alert audibly and display on a central panel. Residents reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Security cameras are in use and external signage alerts of this. The manager is able to review images remotely. Residents and whanau, if contactable, were familiarised with relevant emergency and security arrangements. The external gate is locked at 8pm. The phone number for the care home is noted on signage by the gate for visitors to contact staff and be given access. The manager advised the gate is an additional security feature for night time use.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for</p>	<p>PA Low</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the manager, linked to the quality improvement system and are reviewed annually. The IP programme is well implemented; however, the AMS programme is yet to be implemented. The programme is guided by supporting IP policies, with input of an external quality consultant as needed. The current business plan</p>

<p>ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>includes an objective to minimise the risk of infection.</p> <p>Expertise and advice are sought as needed from the Te Whatu Ora infection prevention team, the medical laboratory microbiologist and previously until December 2023 the attending GP.</p> <p>An infection control component is included in the three-monthly quality and staff meetings. Minutes of meetings were sighted. Infection rates are low at this facility.</p> <p>An incident form is completed for any resident with known infections. Any significant infection events are reported immediately to the manager by the clinical manager or the RN.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The clinical manager is the nominated infection prevention and control nurse (IP&CN) who coordinates the implementation of the infection prevention (IP) programme. The IP responsibilities and reporting requirements are defined in the infection prevention and control policy. The IP&CN has been in this role for 12 years and has completed external education on infection prevention at Auckland City Hospital and has completed relevant online infection education provided by the Ministry of Health (MoH). The IP&CN has access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the manager and is linked to the quality improvement programme. The new IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies and procedures reflect the requirements of the Ngā Paerewa standards but yet to be made available for staff (refer to criterion 2.2.2) and includes appropriate referencing.</p> <p>The pandemic plan is in place and is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic plan. There have been no outbreaks of infection since the previous audit, with the exception of Covid-19 in 2022.</p> <p>The IP&CN has input into other related clinical policies that impact on</p>

		<p>health care-associated (HAI) risk. Staff have received education on IP at orientation, and ongoing annual education for staff last held on 17 January 2024. Education with residents was on an individual basis when an infection was identified and through infection prevention posters posted around the facility, and discussions at resident meetings.</p> <p>The clinical manager (IP&CN) is involved in the procurement of the required equipment, devices and consumables through approved suppliers of choice. The manager involves the IP & CN if any significant changes are proposed to this facility, though this has not been required as stated by the IP&CN.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not used. Policies and procedures to guide staff practice were available. Infection prevention audits are part of the internal audit system.</p> <p>Appropriate infection prevention practices were observed during the audit. Hand washing was promoted at every opportunity.</p> <p>A cultural advisor was involved in the development of IP policies in collaboration with the contracted quality consultant to ensure culturally safe practices in IP and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were not available. Residents who identify as Māori, that were able, expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a documented AMS programme that is appropriate for the size and nature of this service. The policies and procedures are aimed to optimise antimicrobial use and to minimise harm and comply with evidence-informed practice. The programme has been approved by the manager/director. The programme, however, is yet to be implemented (refer to 5.1.1), to be able to evaluate its effectiveness.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The IP surveillance is appropriate for the size and complexity of the service and the types of services provided. The infection prevention risk is low at this facility. The system links with the quality and risk and the health and safety systems. The IP&CN is responsible for surveillance and clearly described the surveillance which meets the requirements for long-term aged residential care facilities. The information is collected, collated and analysed monthly and reported monthly to the manager. Information is communicated to staff at the staff meetings. If an infection has been diagnosed, this is discussed at handover between the shifts so that treatment can be initiated as necessary or if applicable. Culturally safe processes are in place and the IP&CN is very experienced in providing the appropriate communication between service providers and the residents if they develop or experience a hospital-acquired infection (HAI).</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>The environment is clean and well maintained internally and externally. There is safe and appropriate storage of waste and any hazardous substances that complies with current legislation and local authority requirements. Staff interviewed are well informed and clearly understood the principles of infection prevention and control. The staff wear PPE when handling waste and/or hazardous materials/substances.</p> <p>There are safe and effective cleaning and laundry services that are undertaken on site at this facility. The HCAs are responsible for this aspect of service delivery. Cleaning processes are monitored as part of the internal audit system for effectiveness. There are designated clean and dirty areas in the laundry. Staff interviewed clearly understood the principles and practice of infection prevention and control and have received product training annually as per the staff interviews and the staff records reviewed.</p> <p>Residents are involved and encouraged with the cleaning of their own rooms where able, with assistance of the staff. The windows and doorways are opened in the daytime and provide fresh air into the facility. Residents are happy with the environment.</p>

		The clinical manager is consulted about the facility testing and monitoring programme for the built environment.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The manager stated a commitment to this. At the time of audit there was no restraint used, and this has been the case since the last audit. Any use of restraint is required to be reported via the adverse event/incident reporting system and reported to the manager. The use of restraint is a regular agenda item at staff meetings. Minutes sighted confirmed restraints are not used. In the event restraint is used for clients admitted to receive mental health services, the service would liaise with the applicable mental health team to ensure there is appropriate representation on the restraint oversight committee/processes, including lived experience, Māori etc as appropriate.</p> <p>Updated policies and procedures are available to meet the requirements of the standards. These have not been released to staff as yet. This is included in the area for improvement raised in criterion 2.2.2. However, staff interviewed understood what restraint is, the strategies to avoid the use of restraint, de-escalation techniques and confirmed that restraints are not used. Staff could describe cultural considerations prior to the use of restraint. The training topic was related to restraint minimisation rather than elimination and this is included in the area for improvement raised in criterion 2.3.4.</p> <p>While restraints are not in use, there are documented processes in place for the assessment, consent, and approval of the use of restraints and subsequent monitoring and evaluation.</p> <p>As restraint has not been used, subsections 6.2 and 6.3 are noted not audited.</p> <p>The external gate is locked at 8pm. The phone number for visitors to contact the care home staff for access is noted. The manager advised the gate is used for security purposes only and is not intended to restrict resident freedom of movement. Residents interviewed confirmed they are able to leave the care home and return after hours if they want.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, monitoring of outcomes, clinical incidents including infections, and hazard identification and management of hazards.</p> <p>The service has updated policies and procedures that align with Ngā Paerewa standards. These were developed by an external quality consultant and have not been released for staff use as yet. This links with subsection 1.1, criterion 5.1.1, subsection 5.2 and subsection 6.1. The manager has used the Māori</p>	<ol style="list-style-type: none"> 1. Updated copies of policies to meet Ngā Paerewa standards have been developed, but not released for staff to use as yet. 2. Document control processes are not robust. There are multiple out-of-date forms in use in some resident and staff records, in signs/information displayed in the facility, and there are multiple copies of different versions of some policies and procedures available for staff. 3. Internal audits undertaken in 2023 were completed utilising out-of-date audit templates. 	<ol style="list-style-type: none"> 1. Provide to staff updated copies of policies and procedures that include all requirements to meet Ngā Paerewa standards. Update staff on key changes. 2. Review and implement robust document control process for clinical and staff related forms, policies, procedures and internal audits. 3. Ensure internal audits are undertaken using current template forms that align with the policies and procedures in use.

		<p>health plan and the Pacific health plan in order to develop the 2024 annual quality, risk and business plan. Existing policies and procedures are available for staff. However there are a variety of versions of some documents available in different folders. Different versions of forms were being used in staff and resident files sampled. Appropriate document control processes are not in place.</p> <p>There are a range of internal audits in place, and audits are being undertaken of relevant topics to monitor key aspects of service. However, document control processes for these forms are also inadequate. The 2023 audits were completed using audit templates some of which were dated as issued in 2009 (restraint audit) and 2010 (the fire evacuation audit and audit related to the role of manager) and an out-of-date staff education audit. While the audits showed a high level of compliance with organisation policy at the time the audit was developed, some audits did not identify shortfalls against the Ngā Paerewa standards. Audits undertaken in 2022 were done using more current audit tools than those used in 2023.</p> <p>The health and safety policy that was displayed at the main entrance was dated 2012. This was updated and replaced with a current version at audit. Multiple other signs were also out-of-date and were removed and</p>		90 days
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		updated by the manager during audit.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>Continuing education is planned on a bi-annual basis, including mandatory training requirements. Education is usually provided at the monthly staff meetings and topics included fire drill, medication competency, The Code, enduring power of attorney, informed consent, the aging process, outbreak management, end-of-life care and cultural safety.</p> <p>While staff have received training on cultural safety, staff have not had training on equity and Te Tiriti o Waitangi, antimicrobial stewardship and the training related to restraint has been on restraint minimisation and not elimination (although there is no restraint in use). Staff are overdue training on abuse and neglect.</p>	<p>The staff education/training programme does not include all components required to meet the ARRC contract and Ngā Paerewa standards</p>	<p>Review and provide education to staff to meet all requirements of the ARRC contract and to meet Ngā Paerewa requirements, including equity, Te Tiriti o Waitangi, antimicrobial stewardship, abuse and neglect and restraint elimination.</p> <p>180 days</p>
<p>Criterion 2.3.6</p> <p>Service providers shall establish environments that encourage collecting and sharing of high-quality Māori health information.</p>	PA Low	<p>The clinical manager (CM) has education resources that are used for staff training. Some of these have been in place for a number of years. The CM is yet to determine how the collection and sharing of high-quality Māori health information is to occur.</p>	<p>The CM is yet to determine how the collection and sharing of high-quality Māori health information is to occur.</p>	<p>Implement a process to facilitate the collection and sharing of high-quality Māori health information.</p> <p>180 days</p>
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement</p>	PA Low	<p>Human resources management policies and processes are based on good employment practice and</p>	<p>Police vetting has not occurred for any of the staff employed since the last audit.</p>	<p>Undertake police vetting of new staff and retain records.</p>

<p>policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>		<p>relevant legislation with one exception; the policy notes police vetting occurs at the discretion of the manager. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented with reference checks, and interviews occurring. Police vetting has not occurred for any of the staff employed since the last audit. The manager noted these staff were known to them.</p>		<p>180 days</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;</p>	<p>PA Moderate</p>	<p>The contracted GP had completed all residents' three-monthly routine medical reviews in September 2023. The GP resigned in December 2023 giving short notice. The clinical manager has continued to take residents, as needed, to the GP practice where all 19 residents are enrolled for changing health issues and some residents for their routine reviews. However, some residents are overdue routine three monthly review. Negotiation is underway to contract a nurse practitioner from the same practice, or to obtain another contract with another medical practice.</p>	<p>Three-monthly medical reviews undertaken by a medical officer are not consistently occurring.</p>	<p>To ensure all residents have a current medical review undertaken by a contracted medical officer or nurse practitioner to meet the Te Whatu Ora Te Toka Tumai Auckland contract obligations.</p> <p>90 days</p>

<p>(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>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>All resident medication records were reviewed up until September 2023. The contracted GP of four years resigned in December 2023. When the clinical manager has taken residents to the medical practice over the last two months, the consulting doctor has reviewed the medications. However, this is inconsistently occurring.</p> <p>The commencement dates of medications is not consistently recorded in sampled medicine charts, rather the date the medication chart was rewritten was noted.</p>	<p>Three-monthly medication reviews for all residents are not consistently being undertaken and the commencement dates are recently not being recorded on the medication prescribing section of the medication records reviewed.</p>	<p>Ensure the three-monthly medication reviews for each individual resident are being undertaken by a medical officer and that the commencement dates are recorded on the prescribed medication records.</p> <p>90 days</p>
<p>Criterion 5.1.1</p> <p>The governance body shall identify the IP and AMS programmes as integral to service providers' strategic plans (or equivalent) to improve quality and ensure the safety of people receiving services and health care and</p>	<p>PA Low</p>	<p>The infection prevention and control and the antimicrobial stewardship programmes are both developed and have been approved, however, the AMS programme has not been implemented. The programmes are well supported by policies and procedures for all aspects of infection prevention. The clinical manager was interviewed and is the designated</p>	<p>An antimicrobial stewardship programme is developed and documented to guide staff but is yet to be implemented.</p>	<p>Ensure the antimicrobial stewardship programme is implemented.</p> <p>180 days</p>

support workers.		infection prevention and control nurse. The programmes were reviewed on 12 January 2024 and approved by the manager. (refer also to 5.3)		
<p>Criterion 5.2.12</p> <p>Service providers shall provide educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services.</p>	PA Low	Some educational material on infection prevention and control is available; however, no resources in te reo Māori are available for educational purposes and to promote infection prevention and control.	Infection prevention and control educational resources are not available in te reo Māori.	<p>Ensure infection prevention and control educational resources are available in te reo Māori.</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.