

# Fergusson House Restcare Limited - Fergusson House

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## 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 HealthShare 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:** Fergusson House Restcare Limited

**Premises audited:** Fergusson House

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

**Dates of audit:** Start date: 14 February 2024 End date: 15 February 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:** 39

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Fergusson House is certified to provide rest home level care for up to 44 residents. Short stay/respite care could be provided subject to bed availability. There were 39 residents on the day of the audit. The directors and the management team were committed to health equity.

There had been some changes since the last audit. The structure of the management team has changed with the addition of an operations manager, and a new electronic quality and risk management system has been purchased.

This recertification audit was conducted against NZS 8134:2021 Ngā paerewa Health and disability services standard (Ngā Paerewa) and the organisations agreement with Te Whatu Ora Lakes. The audit included samples of policies and procedures, resident files, staff files and organisational records. A director and the management team were interviewed, as were staff, residents and family/whānau, and the general practitioner. Observations of the facility and service delivery were made.

There were six areas identified requiring improvement. These are related to implementation of the new quality system, position descriptions, validation of qualifications, performance reviews and infection prevention.

## 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.

Services provided are person-centred. The residents confirmed that they were treated with dignity and respect at all times. Cultural and spiritual needs were identified and considered in daily service delivery. Information was communicated in a manner that enabled understanding to residents and family/whānau. Informed consent was obtained at all stages of service delivery.

Staff received orientation pertaining to the Code of Health and Disability Services Consumers' Rights (the Code) and cultural awareness. Professional boundaries were maintained. There was no evidence of abuse, neglect, or discrimination seen or heard during the audit. The complaints process complies with consumer rights legislation and provides an equitable and accessible process.

## 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 medium or high risk and/or unattained and of low risk.

There are five directors. One of the directors is the facility manager who demonstrated a commitment to delivering services that improved outcomes and achieved equity for Māori. Flexible services and the provision of additional resources ensured that any

barriers to access were minimised. The business/strategic plan has recently been reviewed. The current mission, vision and values of the organisation are displayed.

The quality and risk management programme complies with the requirements in this standard and the funders agreement. Quality data was collected, collated and communicated across the organisation. The facility manager was aware of their responsibilities with regard to adverse event reporting.

The appointment, orientation and management of staff was based on current good practice. A systematic approach to identify and deliver ongoing education supported safe service delivery. Staff competencies were assessed and monitored. Staffing levels and skill mix met the needs of residents.

Resident records are well maintained, secure and meet health records standards and professional obligations

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The model of care provided ensured holistic resident centred care was provided. Information was provided to potential residents and family/whānau that enabled their involvement in care planning.

Resident assessments informed care plan development. Care plans were implemented with input from the resident and family/whānau and contributed to achieving the resident's goals. Care plans were reviewed six monthly. Access to other health and disability services was available as required. The activity programme supported residents to maintain physical, social, and mental health aspirations.

Medicine management reflected best practice, and staff who administered medication were competent to do so. The discharge and /or transfer of residents was safely managed. The general practitioner stated the provision of care met the residents' needs.

The meals were varied and nutritional. A registered dietician had approved the menu. The kitchen held 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 rest home level care residents. There is a current building warrant of fitness. The building, chattels and equipment are maintained. Electrical equipment is tested as required. Medical equipment is calibrated. There are preventative and reactive maintenance processes in place.

Communal and individual spaces are maintained and reflect individual resident's cultural needs and values. External areas are accessible and safe for residents' use. Bathrooms and toilet areas are accessible for tāngata whaikaha people with a disability.

Emergency procedures are documented and displayed. Staff are trained in emergency procedures and the use of emergency equipment and supplies. There is an approved fire evacuation plan. Emergency evacuation drills are regularly practised. Residents reported a timely staff response to call bells. All staff are identifiable.

There are appropriate security processes in place.

## 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.

Fergusson Home supported the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes were appropriate for the size, complexity, and type of service. A registered nurse was responsible for the implementation of the programmes. The pandemic plan had been tested. Staff were educated in the principles of infection control. A surveillance programme was implemented that captured sufficient data to conduct an analysis.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Sufficient supplies of products required in the event of an emergency or pandemic are on site. Chemicals, soiled linen and equipment are safely stored.

## 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 service is a restraint-free environment, supported by the governing body. The restraint policies and procedures provide guidance to maintain a restraint free service. There were no residents using restraint at the time of the audit. Policies and procedures that reflect best practice are available if restraint should be required in an emergency. Staff demonstrated understanding of de-escalation techniques and alternative interventions to restraint.

## 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	23	0	3	1	0	0
Criteria	0	160	0	5	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.</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>	FA	<p>The organisation demonstrates a commitment to Te Tiriti o Waitangi. All staff completed cultural competency training in December 2023, followed by a self-learning quiz. There is a cultural committee which is led by two staff who identify as Māori. The facility manager was committed to recruiting and retaining a Māori health workforce. There were a number of staff and residents who identified as Māori. There are a range of policies and procedures which include details regarding cultural safety. The Māori Health Plan was developed in consultation with Iwi. The Diversity Policy is linked to the quality system which will enable analysis of equity/ethnicity data. Members of the cultural committee commented that the organisation was welcoming to Māori residents and their whānau and this was confirmed when interviewing residents. The facility manager has made links with local Māori and members of the cultural committee have links with their marae. The cultural committee meets every two months and provides leadership regarding te ao Māori. This includes the kanohi te kanohi (face to face) approach to perspective residents and ensuring that protocol is maintained in the event of a death. Te Ara Whakapiri principles provide guidance on the last days of life. Care plans sampled include cultural values and beliefs and demonstrated that mana</p>

		<p>motuhake is respected. Te reo Māori is spoken by Māori staff, who share key te reo words and phrases with other staff. During the audit some staff were observed using te reo.</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>	FA	<p>The Pacific Peoples Culture and General Awareness Policy was developed with input from the Pacific community. Policies and procedures reflect Pacific models of health and current national strategies. The policy provided comprehensive guidelines for staff working with Pacific people and Pacific worldviews. There were some residents and staff who identified as Pasifika at the time of the audit. The facility manager has met with a local Pacific provider who provided input and offered support. The meeting was also attended by a member of the cultural committee who is a team leader for the health care assistants. Values and beliefs are clearly documented in support plans.</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 Services Consumers' Rights (the Code) was displayed throughout the facility in English and te reo Māori. There were policies and procedures that reflected the requirements of the Code. Staff confirmed they had received training and education on the Code as part of their orientation and this was confirmed in education records sighted. Observation during the audit verified that staff provided care in accordance with the Code. Leaflets were on display in the facility that provided information on the Nationwide Health and Disability Advocacy Service.</p> <p>Resident meetings were held that addressed resident rights and provided opportunity for questions and feedback. This was confirmed by residents. Residents and family/whanau advised they were aware of their rights and stated that staff and the manager were approachable and provided opportunities for discussion about any issues. Residents and family/whanau expressed their ability to practice self-determination and to make independent choices. Māori residents and whanau stated that they were satisfied their cultural needs were met, including mana motuhake. Staff confirmed</p>

		they had completed cultural training and provided examples of how this was put into practice.
<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>During the audit residents were observed to be treated with respect and regard for their dignity and privacy. All residents had their own room, two of which were shared by couples. Clinical records sampled confirmed that the resident's values, culture, and religious beliefs were included in their care plan. Family/whānau confirmed that religious and social preferences, values, and personal beliefs were acknowledged and respected.</p> <p>The Māori Health Plan supported tikanga, te reo Māori and the participation of tāngata whaikaha. Staff gave examples of tikanga Māori practices that would be used in the day-to-day care of residents and confirmed that they had received Te Tiriti o Waitangi training.</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>Policies and procedures were implemented that protect people from abuse, discrimination, and neglect. Staff discussed aspects of abuse, neglect and institutional racism including the actions they would take should there be any signs of such practice. They also described professional boundaries, and how these were maintained. Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect. This was confirmed through observations during the audit. There had been no reported incidents of abuse, neglect or discrimination.</p> <p>The Māori Health Plan promoted a strength based and holistic model of care for Māori. The clinical records of Māori residents confirmed that care was provided using a holistic model and the resident's strengths were focused on.</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>Communication with residents was verbal, however communication with family/whānau was a mix of verbal and email as appropriate. Residents and family/whānau expressed satisfaction with the communication they received from staff. They confirmed they were updated regarding any changes in the resident's health status, incidents, or accidents. This was verified in clinical files sampled.</p> <p>Clinical files demonstrated that the service communicated with other health care providers as required, for example a physiotherapist, wound nurse, general practitioner (GP). The manager confirmed that interpreter services could be accessed if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed consent process aligned with the Code. Residents and family/whānau confirmed they were provided suitable information and timeframes to enable informed consent for all aspects of their care. Clinical records included signed consent for photographs, collection and storage of health information, and outings.</p> <p>Residents considered competent were encouraged to complete an advance directive soon after admission. All of the clinical files sampled verified that an advance directive had been signed. The GP stated that these would be followed. All resident files contained a named enduring power of attorney (EPoA), although in the records sampled none had been activated. The resident's resuscitation status was documented and signed by the resident and GP.</p> <p>Staff discussed tikanga guidelines and advised this had been a component of their orientation and in-service education. Residents and family/ whānau stated they were given sufficient information and timeframes, in a suitable format, to enable informed decision making.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy meets the requirements of consumer rights legislation. Information on the complaints process was provided to residents and family/whānau on admission. Information and complaint forms were readily accessible and on display. Residents and family/whānau reported they were aware of the complaints process. Māori staff were available to help navigate Māori residents and their whānau through the process if required. Resident and family/whānau meetings also provided opportunities for feedback to management. Records of these meetings confirmed good attendance.</p> <p>Documented complaints are now being recorded in the electronic quality system. There has been three complaints since the last audit. Records confirmed that these were investigated and closed to the satisfaction of the complainant. It was reported that there have been no complaints to, or from, external agencies.</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>There are five directors, one of whom is an accountant, and one is a registered nurse who has previously owned and operated rest homes. There was evidence that the directors were committed to providing equitable services through the provisions of resources, approving education, supporting initiatives and reducing barriers. For example, support for the development and implementation of the cultural committee and Tiriti o Waitangi education. There was also evidence that the directors fully support equitable services for tāngata whaikaha through the provision of disability/sensory resources/aids and maintaining them. The facility is fully accessible to people with a disability.</p> <p>The mission, vision and values of the organisation have recently been reviewed and were on display. The business plan 2022-2024 included a SWOT (strengths, weakness, opportunities and threats) analysis with future objectives and strategies. The business plan clearly describes the current challenges to the aged care sector and demonstrated an understanding of all compliance requirements.</p> <p>The director who was a nurse and previously owned rest homes</p>

	<p>provided clinical governance, which is supported by the two clinical nurse managers. The management team, including the clinical nurse managers, meets every fortnight to discuss organisation performance and service delivery outcomes.</p> <p>Day to day operations are the responsibility of the facility manager who had delegated responsibility for ensuring services were being delivered in a culturally competent manner. The facility manager, who is also a member of the board, is a clinical psychologist and has completed training modules including compliance to Te Tiriti o Waitangi requirements in Ngā Paerewa and demonstrated an understanding of health equity. The facility manager maintains frequent contact with the directors and Te Whatu Ora Lakes programme manager. The facility manager reported they were well supported by the directors and an external human resource consultant for any employment issues or questions. The facility manager is onsite two days per week and works remotely for two days.</p> <p>An operations manager has been employed since the last audit. This person has a background in quality and risk management, emergency management, business continuity and administration within the health sector and is onsite three days per week. The operations manager commenced employment in July 2023 and was in the process of implementing the newly purchased quality and risk management system.</p> <p>Residents and family/whānau have input into service delivery through resident meetings, the complaints process and satisfaction surveys. New surveys have recently been developed in order to capture more meaningful quality data. Some processes, for example following a death, have been implemented by the cultural committee to ensure that all whānau needs are fully addressed.</p> <p>The organisation is certified to provide for 44 residents and holds agreements with Te Whatu Ora Lakes, for rest home level care and respite services. All residents were under the aged related residential care agreement (ARRC) at the time of the audit.</p>
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<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>A new electronic quality and risk management system was purchased in December 2023. The system complies with legislation, standards and the ARRC agreement, however the system requires some amendments (refer criterion 2.2.2). The directors approve policies and procedures. The operations manager has dedicated responsibility for implementing and monitoring the quality system. Quality activities for monitoring service delivery such as occupancy, internal audits, consumer satisfaction and adverse event reporting are implemented. The management of finances is overseen by a chartered accountant and the required insurances are in place. The cultural awareness committee ensured that health care and support workers were delivering high-quality health care for Māori.</p> <p>Day to day compliance was monitored through the use of internal audits which were routinely completed each month. Internal audits cover the scope of the organisation and are collated by an enrolled nurse using the electronic system. The adverse event process aligns with the National Adverse Event Reporting Policy. Monthly and annual collation of quality data and analysis of adverse events is presented at quality meetings. The enrolled nurse completes regular analyses to identify trends and residents who are frequent fallers and implements actions for improvement and to prevent recurrence when needed. Health and safety processes were monitored by the health and safety representative who is a member of the quality committee. The facility manager was aware of external reporting requirements and completes section 31 notices to the Ministry of Health as required.</p> <p>Quality committee and staff meeting minutes are displayed in the staff room, with staff being required to sign that they have read them. Staff confirmed that meetings are productive and provide them with sufficient opportunities to share their ideas and discuss improvements.</p> <p>An improvement is required regarding the critical analysis of organisational practices (refer criterion 2.3.8).</p>
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<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>PA Low</p>	<p>Staffing included two registered nurses, three enrolled nurses, three cleaners, two cooks, one laundry person, one activities person, 18 health care assistants and a part time maintenance person. There was also access to casual staff. Weekly rosters were developed and published a fortnight ahead of time. Rosters sampled confirmed five health care assistants on site in the morning, four on duty in the afternoon and two during the night. There was a registered nurse on site seven days per week, with both nurses on site for three days of the week. The facility manager is onsite two-day days per week and works remotely two days per week. The operations manager is onsite three days per week. The is a staff member with current medication competencies on each shift. Rosters sampled confirmed that staff are replaced in the event of a temporary, unplanned absence. Staff required approval from management or the health care assistant team leader to swap shifts. The registered nurses share on call clinical services when not on site, with one of the nurses living on site.</p> <p>There are nine health care assistants who have achieved the level four New Zealand Qualifications Authority (NZQA) certificate in health and wellbeing, six who have level three and one who has achieved level seven. Five of the nine level four health care assistants have also completed medication competencies and one health care assistant is in the role of team leader.</p> <p>Mandatory competencies were defined and monitored. Competencies included infection prevention, handwashing, emergency and evacuation procedures, health and safety, safe transfers, insulin therapy, restraint minimisation and administering medication. Registered nurses were competent with interRAI and are supported to attend relative conferences annually. Staff education regarding health equity and disparities of health had been completed in December 2023 following the purchase of the quality system. The cultural awareness committee was providing staff education on the application of Te Tiriti o Waitangi in day-to-day practice and ensured the collection of high-quality Māori health information as it related to Māori residents.</p> <p>The quality system includes an annual training plan. This covers the scope of the organisation and clinical topics required in the ARRC</p>
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		<p>agreement. A spreadsheet of staff attendance at training is maintained and confirmed that monthly training was provided.</p> <p>A number of staff incentives are implemented to support staff wellbeing. 'Thank you' morning teas are provided, good feedback from residents and family/whānau is passed on, all staff are given a Christmas bonus from the directors, staff satisfaction surveys are conducted, staff are remunerated to attend meetings if they are not on duty, the facility manager takes into account staff preferences when developing the roster, attending conferences is supported and paid for and support is provided following events or in the death of a resident. Some staff reported that they are getting used to the change in the management structure.</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>PA Moderate</p>	<p>There are a number of policies and procedures regarding human resources. These have all been developed in accordance with good employment practice and legislation. Person specifications, responsibilities and accountabilities for each role are documented in position descriptions. Current position descriptions were sighted in staff files sampled, with the exception of the clinical nurse managers (refer 2.3.2). The code of conduct and what constitutes misconduct is included in the employment agreement. Professional qualifications are validated including the registered nurses; however, an improvement is required to validating NZQA qualifications for health care assistants (refer criterion 2.4.3).</p> <p>All staff are required to complete orientation on commencement. The orientation programme includes the essential components of service delivery. Completed orientation records were sighted. All staff are subject to an annual performance appraisal. These have been completed as required, with the exception of the clinical nurse managers (refer 2.4.5).</p> <p>Staff data, including ethnicity is maintained securely and used in accordance with Health Information Standards Organisation (HISO). Staff records are maintained in both electronic and hard copy. Hardcopies and are kept in the facility managers office.</p> <p>As previously stated, (refer standard 2.3) staff are supported and</p>

		have the opportunity to be involved in any debrief required following an adverse event. This was confirmed in staff interviews and discussions with members of the cultural committee.
<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>The management of health records meet health records standards and professional guidelines. All entries into records are dated and signed by the designated writer. The clinical nurse managers review all progress notes, including health monitoring charts. Resident records are maintained in both electronic and hard copy. The privacy of information is maintained and kept in the nursing office, or stored on computers that are password protected. All records are accessible to those who have the authority to do so. Records are integrated with entries from visiting health specialists including the general practitioner. Archived records are well maintained in a storage area with smoke alarms and sprinklers. The system for accessing archived resident's records has been tested to ensure that records can be located within 24 hours.</p> <p>The organisation is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Information about the service was available in printed format in the reception area, and from the Fergusson House website. The Needs Assessment Service Coordination agency (NASC) and Te Whatu Ora Lakes also held information about the services provided.</p> <p>A documented policy outlined the entry process. The registered nurses and facility manager work in collaboration to coordinate the entry process with the resident and family/whānau. Residents admitted to the service required a NASC assessment and referral prior to admission. Confirmation of implementation of this process was confirmed in clinical records sampled.</p> <p>A policy detailed the management for declining a potential resident. The registered nurses stated that a person was not declined entry unless the care requirements were outside the scope of the service, or no bed was available. If no bed was available, the referrer was</p>

		<p>advised at the time of enquiry. A waiting list was not kept. Residents and family/whānau advised the admission process was straightforward and respectful.</p> <p>The service had a connection with local Māori health providers and community groups. These connections had facilitated residents to take part in te ao Māori and have access to Māori health practitioners if desired. Specific data for entry and decline rates for Māori were gathered.</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>Residents had individualised support provided that meet the physical, cultural, spiritual, and social dimensions of their wellbeing. The documented assessments demonstrated that the resident's holistic wellbeing was considered and included, for example skin integrity, pain, falls risk, and behaviour. All interRAI assessments and resultant long-term care plans were current at the time of the audit. Clinical records verified that a registered nurse had completed the assessments and developed an individualised care-plan for all residents. Clinical files confirmed that interRAI reviews had been completed at least six monthly. Care-plans documented interventions to maintain and improve the residents' health and wellbeing as reflected in the interRAI report. Progress notes, observations during the audit and interview with the residents and family/whānau confirmed that assessments and care plans had been developed in collaboration with the resident and family/whānau as appropriate.</p> <p>Short term care plans were developed for acute conditions such as an infection. Wound care plans are initiated when a resident develops an area of impaired skin integrity. The plans were updated as appropriate and signed off when the condition had resolved. Adequate supplies of wound care and continence products were sighted during the audit.</p> <p>Clinical records were integrated including, for example, correspondence from community health providers, interRAI reports, the admission agreement, consent forms and a copy of the enduring power of attorney (EPoA). Members of the allied health</p>

	<p>team, for example a physiotherapist, visit the service to assess and provide care to resident/s in response to a referral from the GP.</p> <p>Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. The registered nurses and staff stated that changes in a resident's behaviour were considered an early warning sign of a resident's change in health status. Monthly vital signs and the weight of residents was documented.</p> <p>Where a resident's progress was different to that expected, or the resident displayed signs or symptoms of illness, further assessments were performed as appropriate. A registered nurse developed a short-term care-plan, and the general practitioner (GP) was notified in a timely manner.</p> <p>The GP confirmed that residents were seen and assessed at least every three months. If the resident's condition changed between times a registered nurse notified the GP and a medical review was provided. The GP stated that the residents received appropriate care and that service was delivered in a caring and respectful manner.</p> <p>Shift handovers were provided to staff using the electronic clinical record to ensure all relevant information was passed on to on-coming staff.</p> <p>The service has connections with Māori community organisations and service providers that represented tāngata whaikaha. Staff confirmed that liaison with these groups had expanded the activities and health care options for Māori residents within the service. Residents identify their own pae ora outcomes, with whānau involvement if required. Care-plans for Māori residents reflected cultural values and Te Whare Tapa Wha model of care. Policies, procedures, and interviews with staff confirmed that the service understood Māori oranga and customs. Visiting hours were flexible to allow whānau to visit and support the resident. Staff provided information to residents and their whānau as required. Māori residents stated that care was provided in a manner that respected their mana, and that access to support persons was available.</p>
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<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>One activities co-ordinator plans and facilitates the activities programme. The weekly programme is displayed throughout the facility. The activities co-ordinator discussed the programme, which included a wide range of activities suitable for the residents. The activities programme promotes physical, social, cultural and intellectual skills for the residents. Clinical records confirmed that assessments of the resident's life skills and experiences were considered in the development of all care plans, and in collaboration with the registered nurses at the time of the interRAI review. Residents (and family/whānau if appropriate) had been engaged in the assessment and planning of the activities care plan.</p> <p>Outings to the community occurred regularly for morning teas, and scenic drives. Residents who were able to, left the facility independently to take part in community activities as available. Family/whānau also take residents into the community to attend celebrations and events.</p> <p>Residents were observed to be engaged in activities and having fun during the audit. Individual activities such as puzzles, colouring in and reading are always available. A canine friends group visits the service from time to time and residents are given the opportunity to interact with the dogs. Music groups also come to the facility and the residents participate in a singalong.</p> <p>Residents and family/whānau advised they were satisfied with the programme and stated it enhanced well-being.</p> <p>The service has links to Māori community groups and organisations which support and enable residents to participate in te ao Māori. Examples include kapa haka groups and Pacific Island community groups. Days of national significance, for example Waitangi Day, Matariki and Māori Language week, are celebrated. Residents take part in activities which celebrate the day, for example making feather cloaks, stars and poi.</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>FA</p>	<p>The medication management system reflects current recommended best practice. An electronic programme is in place for the prescribing and recording of the administration of medication. Medications are dispensed by the pharmacy using a pre-packaged system. The pharmacy delivers and disposes of unwanted medications as required. A registered nurse checks the medications prior to them being placed in the medication trolleys. Medication administration is performed by medication competent health care assistants. A medication round was observed, and staff demonstrated competency administering medication. The opening dates of eye drops, ointments and creams are recorded. There were no out of date medications on site. All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP reviews the medication chart every three months or more frequently if required. Standing orders were not used in this service.</p> <p>Over the counter medications (OTC) were discussed with the resident by the GP. Any OTC medications were prescribed before being administered by staff. This was confirmed by observation and in medication files sampled.</p> <p>The medication trolley was stored in the locked medication room. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication room and fridge were being temperature monitored. No stock medications were kept on site. All medications sighted had been dispensed for a named resident.</p> <p>There were no residents self-administering medication during the audit. The medication policy documented a process that ensured, that should a resident wish to self-administer, a safe process would be implemented. Residents were supported to understand their medications by the GP and registered nurses. This was confirmed in resident interviews. The incident register confirmed that medication incidents were rare. The registered nurse described the actions that would be undertaken to review a medication incident. The GP confirmed medication incidents were rare, and that the medication system was appropriate for the service.</p>
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<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>All food was prepared onsite. There was a current food control plan valid to June 2024. The summer and winter menu is repeated on a five-weekly cycle. The menu had been reviewed by a registered dietician in March 2023. The kitchen was clean and well maintained with records of cleaning schedules, temperature monitoring and internal audits sighted. All food supplies were stored appropriately. Stock rotation was conducted for food stored in the pantry. The date and time stored food was opened was recorded and displayed.</p> <p>Nutritional assessments were completed on entry. These included the residents likes, dislikes, allergies, intolerances, and cultural preferences. A current copy of nutritional assessments was available in the kitchen and the cook discussed the dietary needs of individual residents.</p> <p>Daily menus were displayed in several areas of the facility. The dining area was large, light, and spacious, the tables and chairs were well maintained and set in a visually appealing manner. Residents who choose not to eat in the dining area were provided their meal in their bedroom. The meal was delivered in a hotbox. The temperature of meals was taken prior to leaving the kitchen.</p> <p>The menu celebrated cultural days of significance and te ao Māori. A ‘boil up’ is served monthly, and rewena is served for specific occasions. Whānau bring food to the resident at times and residents leave the facility to go out with whānau and friends for meals. Residents were able to be involved in the preparation of food if appropriate and considered safe.</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>FA</p>	<p>The transfer and discharge policy provides guidance to ensure the transfer and discharge of residents occurs in a safe and timely manner. The registered nurses described the policy.</p> <p>Health care assistants advised they contacted the registered nurse on call in the event of a resident quickly deteriorating or sustaining an injury they were unable to manage. This was confirmed by</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>		<p>registered nurses and the facility manager.</p> <p>Acute transfers to the public hospital occur when there is a sudden change in a resident's health status and the registered nurse and/or the GP determines the resident requires specialised care. A transfer letter obtained from the electronic clinical record, recent progress notes, contact details of the resident's family/whānau and the medication record are printed to accompany the resident to the public hospital. The mode of transport is determined according to the resident's condition and the availability of family/whānau. Urgent transfers were made via the ambulance service. Where a resident's condition was stable and the family/whānau wished to transport the resident to the hospital, this occurred.</p> <p>Discharge is planned when a resident's health status and care requirements were observed to be changing and no longer within the scope of the service. An InterRAI assessment is completed, and the resident's ongoing care requirements are discussed with the GP and family/whānau. The interRAI assessment is provided to the NASC who update the resident's level of care as required.</p> <p>Residents and family/whānau are provided information about other health and disability services and kaupapa Māori agencies as required or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</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>	<p>FA</p>	<p>The rest home provides a safe and appropriate environment. There is a current building warrant of fitness which expires October 2024. There is a dedicated maintenance person who is responsible for ensuring day to day requests for maintenance are addressed. Requests are logged and then signed off when completed. There is also an annual work schedule for preventative maintenance. Observations throughout the audit confirmed a safe and appropriate environment.</p> <p>Electrical testing and tagging was completed by the maintenance person who is certified to do so. The calibration and maintenance of medical equipment is completed by a contracting company and includes hoists, nebulisers, oxygen regulators, pulse oximeters, scales and blood pressure machines. Internal temperatures are</p>



		<p>maintained to ensure a consistent temperature throughout the seasons. Hot water temperatures are monitored. The risk/hazard register includes all identified hazards. Hazards are discussed at quality committee meetings. The maintenance person monthly completes internal audits of the facility.</p> <p>The rest home is separated into three wings. All bedrooms are sufficient in size to accommodate personal belongings, mobility equipment and have an external window. All residents have access to an accessible toilet/bathrooms, with the majority of rooms having a shared ensuite. There are sufficient accessible toilets for staff and visitors. There is an amount of Māori art and signage in te reo Māori throughout the facility. There is a large communal lounge, separate dining room and a library area. Outdoor areas are accessible, maintained and provide shade.</p> <p>It was reported that there were no plans on rebuild or new design of the village, however the organisation has sufficient processes and the cultural committee to ensure any new plans would include consultation and co-design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is a wide range of policies and procedures for the management of emergencies. Emergency procedures are included in staff orientation and on entry for all residents and family/whānau.</p> <p>The approved emergency evacuation plan was dated 2002. There have been no structural changes to the facility since then. Evacuation plans are displayed throughout the facility. Emergency evacuation drills are conducted every six months as required with the last drill conducted in August 2023. Fire extinguishers are placed throughout the facility and checked routinely. Oxygen cylinders are safely stored and chained to the wall.</p> <p>All resident rooms and bathrooms have call bells. Call bell audits are routinely conducted. Residents and family/whānau interviewed reported that call bells were answered in a timely manner. All staff have a current first aid certificate, with records sighted.</p> <p>The rest home and grounds are secure. There are CCTV cameras</p>

		<p>in public areas and a security firm conducts routine visits during the night. Staff ensure that all windows and doors are secure at the end of each day, with the main entrance being secured around 8pm. All windows in resident rooms have stays so that they cannot be opened wide enough to enter. All staff are easily identifiable with uniforms and name badges.</p> <p>There are sufficient supplies in the event of a civil defence emergency or the main supplies failing. Civil defence supplies were sighted and easily accessible. Torches, extra blankets, food essentials and a sufficient supply of stored water were also sighted. The rest home has emergency lighting and gas is supplied to the kitchen.</p> <p>The operations manager has experience with emergency planning/business continuity and is currently reviewing all emergency procedures and supplies to ensure sufficiency of supplies at all times. They are also reviewing the emergency flip charts to improve their presentation and information.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The directors confirmed that the infection prevention and antimicrobial programme was integral to service delivery. A new quality system integrates infection prevention within all aspects of governance and service delivery. The directors have access to strategic advice from Te Whatu Ora Lakes, Ministry of Health directives, and the provider of the quality system.</p> <p>Fortnightly management meetings are held. Membership includes the infection control co-ordinator and/or the support registered nurse and at least one director. The agenda includes infection control items. The incident management policy addresses the management of significant events and the escalation to the directors. The policy uses a stepwise approach.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	PA Low	<p>The IP programme implemented was suitable for the size and scope of the service provided. The programme was co-ordinated by a registered nurse, with the support of a second registered nurse.</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>The programme included a position description for the nurse and the nurse was familiar with the requirements of the role, however the position description had not been signed (refer to 2.3.2).</p> <p>The infection prevention co-ordinator (IPC) held the responsibility for implementing, monitoring, and reporting of the IP programme. The IPC reported to the facility manager who was one of the directors. The position description documented that the IPC had input into the procurement process, any building modifications, and other relevant policies and procedures, which was confirmed by the facility manager.</p> <p>The IP programme, policies and procedures met requirements of this standard and reflected best practice. The programme had been reviewed annually, and monthly reports were being assessed by the directors on the electronic programme at regular intervals. Infection control was discussed at fortnightly management meetings and monthly staff meetings (confirmed by minutes). Monthly infection prevention reports were sighted on display on the staff notice board. Policies and procedures were available for all staff to access. Staff confirmed knowledge of these policies and how to access them if required. An opportunity for improvement was noted relating to the IPC having access to all laboratory reports.</p> <p>A current pandemic/infectious diseases response plan was documented and had been regularly tested. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) were available. Hand basins and hand sanitisers were readily available throughout the service. Signage pertaining to hand hygiene was sighted during the audit.</p> <p>Annual organisational infection prevention education was provided to all staff, verified by education records sighted and staff interviews. In addition, ad hoc education was provided at staff meetings. An area of improvement is required related to IP education of the IPC (refer 5.2.1).</p> <p>Single use devices were not reused. This was verified during staff interviews and by observation during the audit. Reusable shared equipment, for example blood pressure monitors, thermometers, and dressing scissors, were decontaminated appropriately as per</p>
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		<p>policy and the manufacturers recommendations. Appropriate materials for this process were observed during the audit. Residents who require a urinal are supplied this and it remains in the resident's room where appropriate cleaning is performed.</p> <p>The IP programme includes a section relating to Māori cultural values. The section reflected the spirit of Te Tiriti O Waitangi and provided guidance to staff to ensure culturally safe practice. Staff provided examples of how culturally safe practices were implemented, and examples of these were seen during the audit. The registered nurse and GP described how information is provided to Māori in a culturally appropriate manner, for example including whānau, and obtaining written information accessible via the Ministry of Health website.</p> <p>Residents, significant others and whānau confirmed that infection control issues and precautions had been discussed with them by staff and/or the GP.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There was an implemented antimicrobial policy that was appropriate to the size, scope and complexity of the service. The policy had been approved by the directors and was a component of the IP programme.</p> <p>Monthly reports were sighted that reported the number and type of infections, with an analysis that included the antibiotic course prescribed, and the causative organism identified by laboratory report where available. The reports were reviewed by the IPC and a second registered nurse, to identify trends, or/and opportunities to reduce antimicrobial prescribing. The GP is made aware of all resident's potential infections and reviews the resident. The GP confirmed that antibiotic prescribing reflected microscopy results and Te Whatu Ora health pathways.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Surveillance of health care-associated infections was appropriate to the size and type of service. The surveillance programme was</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>documented, and standard definitions were used.</p> <p>Monthly surveillance data was collected and reported to the directors, including ethnicity data. Trends and opportunities to improve were considered by the IPC and the support registered nurse. There were no trends identified in the infection prevention documents sampled, nor had there been any recent out breaks of infection since the last audit. The reports were discussed at management and staff meetings, and this was verified by the facility manager and staff.</p> <p>Residents who developed an infection were informed by a registered nurse and/or the GP. Family/whānau were advised, by a registered nurse, confirmed in clinical records sampled. The process of notification described by staff was culturally appropriate, and this was confirmed by residents and family/ whānau.</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>There are three cleaners (one for each wing) and one designated laundry person who completes five hours per day Monday – Friday. The laundry staff member also has designated authority for monitoring cleaning and laundry staff and processes. This person is on the cultural committee and reports to the operations manager on cleaning and laundry matters. The internal audit programme includes a routine review of all cleaning and laundry processes. Resident meeting minutes confirmed that residents are satisfied with cleaning and laundry activities.</p> <p>Waste and hazardous substances are appropriately stored and disposed of. Chemicals are securely stored when not in use. Cleaning products are dispensed from a closed circuit system. Cleaning products on the cleaning trolley are correctly labelled. Cleaning and laundry staff have had the required chemical safety training. Domestic rubbish is disposed of as per local council requirements. There are sharps boxes available. The management of waste and hazardous substances is also in the hazard register. All staff have access to personal protective equipment (PPE) and have been trained in their correct use. There is a large supply of PPE available.</p>

		<p>The laundry has the required equipment. There are clearly designated areas for clean and dirty laundry. All laundry is delivered to the laundry in laundry bags and returned to residents using individual baskets and a trolley.</p> <p>Policies and procedures regarding waste, hazardous substances, the use of PPE, cleaning and laundry reflect best practice. In addition to normal cleaning processes there is also a policy and procedure for room cleaning following an infection, and a room cleaning on discharge checklist. The laundry standard code of practice 2012 is available in the quality management system. The infection prevention coordinator is one of the clinical nurse managers whose role includes oversight of the facility testing and monitoring programme of the building.</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>Fergusson House is a restraint-free environment. There were no restraints in use during the audit. The directors are committed to the maintenance of a restraint free environment as demonstrated in the business plan. There are policies and procedures related to restraint should these be required in an emergency event. Restraint is discussed at management meetings. A registered nurse is the restraint co-ordinator, who oversees the implementation of the restraint free environment. Induction of new staff includes orientation to the restraint free policy. Continuing education includes management of challenging behaviour and de-escalation techniques. Staff discussed restraint alternatives and provided examples of those used. Clinical records verified that restraint alternatives were implemented, for example sensor mats, ease of access to call bells and appropriate mobility aids.</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	The organisation was provided with a prepopulated template for identifying risks and quality goals, This was included in the purchased quality and risk management system. Both the risk management plan and quality plan are comprehensive and reflect the current risks and goals of the aged care sector, including equity, however they have not yet been personalised to the organisation. The facility manager reported that maintaining staff numbers was currently the biggest risk to the organisation.	Not all newly purchased policies and procedures have been personalised to reflect the current risks and quality goals of the organisation.	<p>Amend the risk management plan and quality plan to reflect the organisation.</p> <p>180 days</p>
<p>Criterion 2.2.8</p> <p>Service providers shall improve health equity through critical analysis of</p>	PA Low	The organisation commenced capturing ethnicity and equity data following their transitional surveillance audit in April 2023. This data now needs further collation to confirm a critical analysis.	Completing a critical analysis of organisation practices to improve health equity is not yet fully implemented.	Complete a critical analysis of organisation practices to improve health equity.

organisational practices.				180 days
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	Position descriptions were sighted in staff files. These included the skills, qualifications, responsibilities and accountabilities required for the role; however, the infection prevention position description has not been signed by the infection prevention coordinator and current positions descriptions were not sighted for the clinical nurse managers.	The infection prevention position description has not been signed by the infection prevention coordinator. Position descriptions for the clinical nurse managers were not sighted.	<p>The infection prevention coordinator is required to sign the position description for the role. Complete current position descriptions for the clinical nurse managers.</p> <p>180 days</p>
<p>Criterion 2.4.3</p> <p>Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.</p>	PA Low	Current practicing certificates (APC's) were sighted for the registered nurses. A copy of the registered nurses APC was maintained in their staff file. This includes their scope of practice. There are 18 health care assistants in total. It was reported that 16 had obtained an NZQA qualification, however records of their certificates had not historically been collected. The qualifications had been validated for the more recent recruits.	There was insufficient evidence that NZQA qualifications for the health care assistants had been historically validated.	<p>Complete validation of NZQA certificates for any staff member that does have not a copy on their file.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Moderate	Performance appraisals are completed by the facility manager. The process is sufficient and provides staff with opportunities for identifying their goals for the coming year. Annual performance appraisals were current, except those for the registered nurses. The facility manager had completed most of their performance appraisals, however, is not able to comment on their professional practice as registered nurses. The facility manager has been seeking guidance on how to ensure the	There is currently no process for reviewing the clinical practice of the registered nurses.	<p>Ensure that clinical practice for the nurses is reviewed by a suitably qualified health professional.</p> <p>90 days</p>



		clinical practice for the clinical nurse managers can be completed.		
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p>	PA Low	<p>Although the infection prevention co-ordinator has implemented the infection prevention programme and provided education to staff, the co-ordinator had not received continuing education in infection prevention and antimicrobial stewardship. This was verified by education records, and during interview with the co-ordinator and the facility manager.</p> <p>The co-ordinator stated access was available to some laboratory results for example urine sample results, but was unable to access all results, for example wound swabs and sputum samples.</p>	<p>The infection prevention co-ordinator had not received continuing education in infection prevention and antimicrobial stewardship.</p> <p>The infection prevention co-ordinator did not have access to all diagnostic results.</p>	<p>Ensure the infection control co-ordinator receives continuing education in infection prevention and antimicrobial stewardship.</p> <p>Ensure the infection control co-ordinator has access to all diagnostic results.</p> <p>180 days</p>

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

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

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

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

No data to display
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End of the report.