

Kumeu Village Family Limited - Kingfisher House

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Kumeu Village Family Limited

Premises audited: Kingfisher House

Services audited: Dementia care

Dates of audit: Start date: 15 March 2022 End date: 16 March 2022

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: 10

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 tatou 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

Kingfisher House provides rest home secure dementia/memory loss level care for up to 17 residents. The service is operated by Kumeu Village Family Limited and is managed by a manager, clinical manager and house lead. Family spoke positively about the care provided.

This certification audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family members, managers, staff, allied health providers and a general practitioner.

There are no areas requiring improvement from this audit.

Ō tatou 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.
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Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code) and these are respected. Services provided support personal privacy, independence,


individuality, and dignity. Staff interacted with residents in a respectful manner. All staff receive in-service education on Te Tiriti O Waitangi and the Code. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high quality-service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, directions, 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. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practices. A systematic approach to identify and deliver learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using integrated hard copy and electronic records.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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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Kingfisher House policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. Twenty-four hour activity care plans are in place. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

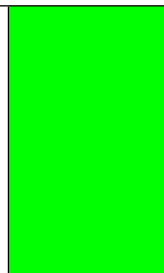


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and equipment requiring calibration has been 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, family, and contractors understood emergency and security arrangements. Sensor mats are in place connected to an intercom system. Security is maintained.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.




Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices. Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsection applicable to this service fully attained.
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The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using a restraint at the time of the audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place for any restraint use. Staff demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions to be used as necessary for this rest home dementia/memory loss care service.

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	27	0	0	0	0	0
Criteria	0	164	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Kingfisher House has a policy on the Treaty of Waitangi (Te Tiriti o Waitangi) and a cultural safety policy reviewed February 2022. Guidelines for the provision of culturally safe services for Māori residents include clear definitions on culture, community, cultural safety and Pae-ora which is the government's vision for Māori Health. The holistic concept is followed with the interconnected elements being Mauri ora – healthy individuals, whānau ora – healthy families/ whānau and Wai ora – healthy environments. Cultural values and beliefs will be reflected Māori Health care plans developed for implementation when a Māori resident is admitted to this service. The significance of family/ whānau is documented for all residents. The Māori Health Plan and related policies aim to improve the health and wellbeing for Māori residents while receiving services at Kingfisher House.</p> <p>There is a commitment by governance to ensure any Māori residents flourish and thrive in an environment that enables good health and wellbeing. There are no Māori residents in this dementia rest home service presently. Staff are encouraged to complete the relevant training provided by the organisation and education records were reviewed. Tikanga Māori principles and a clearly defined acknowledgement of what culture is, are documented to guide staff.</p>

		Care will be delivered according to the three Te Tiriti o Waitangi principles of partnership, protection and participation and these principles are understood by staff interviewed. The Code of rights and residents' rights are displayed in te reo Māori. Staff interviewed stated they have completed the training as part of the orientation process prior to the service opening nine months ago. Interpreter services are available for this service and the policy was reviewed.
<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 tuākana 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>Policies and procedures are clearly documented to guide staff when Pacific people are admitted to this rest home dementia service. The policy acknowledges the mana whenua of Aotearoa as tuākana and the organisation has a commitment to supporting Pacific people to achieve tino rangatiratanga being self-determination and receive comprehensive and equitable health and disability services underpinned by Pacific world views. Assessments are to be completed by suitably qualified staff and care plans developed in collaboration with Pacific peoples. There are no residents who identify as Pacific at Kingfisher House at the time of the audit</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</p> <p>The Code is available in Māori and English languages. The admission pack outlines the services provided. Resident agreements, signed by an enduring power of attorney (EPOA), were sighted in records sampled. Service agreements meet the district health board requirements.</p> <p>There were no residents who identified as Māori. The clinical manager (CM) reported that the service recognises Māori mana Motuhake (self-determination) of residents, family/ whānau or their representatives in its updated cultural safety policy. The assessment process includes resident's wishes and support needs.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service ensures that from admission onwards, residents and family/ whānau are involved in determining their individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan. Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The CM reported that residents are supported to maintain their independence. A personal trainer (PT) visits the facility weekly to engage residents in different exercises. Residents were able to move freely within the facility. There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff were observed respecting residents' personal areas and privacy by knocking on the doors before entry. All staff completed training on the Te Tiriti o Waitangi on 23 February 2022. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process however there is no information about the services provided or for example infection control educational information (5.2.12) or the complaints management process/pamphlets and/or forms available (1.8.5) in Te Reo Māori. The organisation is working towards ensuring that information provided to residents/ family/ whānau is available in Te Reo Maori and Tikanga Maori is incorporated in all activities.</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>	<p>FA</p>	<p>Family members stated that residents were free from any type of discrimination, harassment, physical, sexual, or exploitation; abuse, or neglect and were safe. Policies and procedures (The Protection of Vulnerable Child/Adults Policy) and (Residents Safety, Neglect and Abuse Prevention and Security) are in place and this include financial abuse in dementia care environment. This also includes definitions, signs and symptoms, management of residents' property and reporting requirements. The CM and GP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled. Family/whānau interviewed expressed no concerns regarding abuse, neglect, or culturally unsafe practice.</p>

		<p>The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p> <p>The service has zero tolerance on racism, and this was confirmed in interviews with management, staff, and families. The Māori Health Care Plan in place identifies strengths based, person centred care and general healthy wellbeing outcomes for Māori residents.</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>	FA	<p>Family members stated they were kept well informed about any changes to their relative's health status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records sampled. Staff understood the principles of open disclosure, which are supported by policies and procedures. Personal, health and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their files.</p> <p>There were no residents who required the services of an interpreter; however, staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and the use of family members. The CM reported that verbal, non-verbal, printed material, communication cards and regular use of hearing aids by residents when required is encouraged.</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</p>	FA	<p>The CM and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and the GP makes a clinically based decision on resuscitation authorisation.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and uploaded on the resident electronic record management system. All residents admitted to the service had activated EPOAs in place.</p>

<p>make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Tikanga best practice guidelines in relation to consent will be considered as necessary.</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 complaint/compliment management policy and procedure is clearly defined. The process complies with right 10 of the Code which is the right to complain and to be taken seriously and to receive a timely response. The process reviewed is fair with values and beliefs respected, honest and complaints are managed appropriately. The clinical manager (CM) interviewed is responsible for complaints management at Kingfisher House. Any complaints received are investigated, actions taken as needed, responses and/or any feedback is provided. Complaints are reported to the manager when received and the manager is kept informed throughout the complaint's management process. There has only been one verbal complaint received since the Kingfisher House opened July 2021. This verbal complaint was dealt with appropriately and closed off in the complaints register. There have been no external complaints received. Staff interviewed stated that they have completed relevant training on complaints management and are fully informed about the complaints procedure and where to locate the forms if needed. The team policy and is working towards ensuring the complaints/compliment procedure, pamphlets and forms are available in te reo Māori.</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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kumeu Village Family Limited has a commitment to ensure full compliance with all legislative requirements, to meet contractual obligations with the regulatory requirements both nationally and internationally if required. There is an organisational chart available. The organisation does not have a board. The newly appointed operations manager is of Māori descent. Kumeu Village Family Limited owns three age-related care facilities in the aged care sector. Kingfisher House provides rest home secure dementia level care including respite care, younger persons disability (YPD) and long-term support chronic health conditions (LTSCHC/community residential) and holds contracts with Waitemata District Health Board (WDHB). On the day of the audit eight residents were receiving rest home level secure dementia care, one LTSCH/YPD/dementia and one respite care resident. The CM and the manager, who have their respective job descriptions, work across all three facilities specialising in eldercare and dementia care (memory loss) service delivery. Their</p>

		<p>health manager, interviewed for Kingfisher House, is an experienced care giver, who works closely with the clinical manager. The manager covers when the CM is not available. An RN is available to cover, if required in the absence of the clinical manager when needed. The documented management team is appropriate for the size and nature of this rest home dementia care/memory loss service.</p> <p>The organisation has a mission statement, philosophy (inclusive of the Eden Alternative Philosophy), vision, core values and a statement of purpose. Professional support is available. The business, quality and risk management plan signed off for 2021 was available and is due to be reviewed March 2022. The business plan is designed to assist the team to achieve strategies in place for the business financial year. This is maintained separately from a business perspective. The business plan states the objectives and timeframes to achieve each objective. The governing body provides leadership and expertise and ensures a commitment to quality and risk management and continuous quality improvement. Family/ whānau are encouraged to provide feedback and to participate when able to achieve good outcomes of service delivery. An annual survey has not been completed due to the limited timeframe the service has been operating. A resident/family/representative survey is developed and is planned to be implemented annually.</p> <p>Service providers provide equitable services for Māori, as documented in policy, and aim to reduce any barriers for those that identify as Māori and those with disabilities. The recently appointed operations manager identifies as Māori and ensures obligations to meet the needs of Māori residents admitted to this dementia care service are met.</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</p>	<p>FA</p>	<p>The strategic objectives and quality plan with operational goals 2021 to 2022 were reviewed. The setting of objectives occurs annually next due March 2022. Staff including community groups, residents and employees are given the opportunity to have input into the setting of objectives and goals by making suggestions and recommendations at meetings. Minutes of meetings were reviewed. The quality and risk system reflects the principles of continuous improvement and is understood by staff interviewed. This includes management and reviews of incidents, complaints, and audit activities, monitoring of outcomes, clinical incidents such as wounds, medication errors, health and safety issues, maintenance issues pressure injuries, falls</p>

<p>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>and includes infection control outcomes of surveillance. Relevant corrective actions are developed and implemented as necessary and demonstrated a continuous process of quality improvement is occurring. No annual resident/family surveys have occurred as the service commenced in July 2021. Terms of reference and meeting minutes reviewed confirmed adequate reporting occurs on quality matters. Regular reviews and analysis of quality indicators and information reported is discussed at the quality and staff meetings. Incident reporting reviewed is collated monthly and reports are electronically generated to demonstrate occurrence, number, and types of incidents for example: falls, skin tears, aggressive behaviour (physical or verbal) due to the nature of this dementia care service. Graphs are available and are displayed for the staff to view. Policies and procedures described essential notification reporting requirements. The manager interviewed had good knowledge of what was required and advised that there have been no notifications made since the service commenced.</p> <p>The manager described the processes for identification, monitoring and reporting of risk and development of mitigation strategies. The hazard and risk register has developed as the service has evolved with risk plans and addition of any new risks. The register was last updated 1 February 2022. The manager is aware of the Health and Safety at Work Act (2015) requirements and has implemented requirements.</p> <p>A contracted quality consultant is responsible for the document control system and policies are reviewed as per the schedule reviewed. A hard copy manual is used and staff have access to all service policies and procedures. Staff are updated on any new policies or if changes to policies occur. All policies are current and cover all necessary aspects of the service and contractual requirements.</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</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe, person and whānau-centred services. The facility adjusts staffing levels to meet the changing needs of residents, supported by the implementation of a workload measurement tool. The minimum number of staff provided during the night shift and consists of one care partner. An after-hours on call roster is in place with registered nurse cover. The house manager and care partners interviewed reported that good access to advice is</p>

<p>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>available when needed. Care partners interviewed also stated that there are adequate staff available and that they were able to complete the work allocated to them. This was further supported by family interviewed. Observations and review of a four-week roster cycle sampled during the audit confirmed adequate staff cover has been provided. As resident admission numbers increase, with this being a new facility, the number of staff will be reviewed and adjusted accordingly. All staff have completed first aid training.</p> <p>The clinical manager is interRAI competent and ensures all interRAI assessments are completed in a timely manner. All staff employed have completed the required competencies for this dementia care/memory loss service. There is an ongoing training calendar for 2022 available and in addition to this an electronic learning programme is established and implemented and staff are encouraged to complete training online at their own pace. Topics are varied but are all relevant to the care partner role. All staff have completed Treaty of Waitangi training and are encouraged to participate in te reo training by choice. Training provided meets the requirements of the service agreement with the DHB obligations and frequency of training. All care staff and the diversional therapist have completed the required dementia care training. The manager is fully committed to ongoing learning for all staff. Staff interviewed stated that they had received valid and required in-service education, completed competencies and were keen to learn. The house manager is very experienced in dementia care/memory loss to effectively guide staff as required in caring for the residents and supporting the families/whānau and at the same time ensures culturally and clinically safe services are provided with the additional support of the clinical manager.</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>FA</p>	<p>Policies and procedures that are in line with good employment practice and relevant legislation, guide human resource management processes. Job descriptions reviewed were current and defined key tasks and accountabilities for the various roles. The recruitment process explained by the recently employed human resource manager (HRM) includes reference checks, ethnicity, police vetting and validation of qualifications and practising certificates (APCs) where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are systematically maintained. Records are stored in a secure</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>filing cabinet and confidentiality is maintained. The HRM has been in this role for six months and is responsible for employment of staff and has a marketing and information technology role. The HRM works across the three aged-related care sites owned by the organisation. Full support is offered to the house manager at Kingfisher House in all aspects of staff management.</p> <p>Staff orientation includes all necessary components to the role. Staff interviewed reported that the orientation process prepared them well for their role and included support from a 'buddy' through their initial orientation period. Staff records reviewed show documentation of completed orientation and a performance review after three months. Performance reviews are thereafter completed annually by the clinical manager. There are eight staff including care partners, an activities coordinator, maintenance person, kitchen and three managers cover Kingfisher House. If any incidents occur staff are involved in the process and support and debriefing occurs as a learning experience as applicable.</p> <p>Continuing education is planned annually. All current staff have completed all mandatory training as part of the orientation process; and prior to opening of the facility July 2021. A record of all training for staff is maintained and this is also documented in each staff members individual employment record and is currently being recorded electronically in a newly implemented system. The clinical manager is the internal assessor for the external training. The care partners and the diversional therapist employed have all completed the required dementia care training.</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>	<p>FA</p>	<p>Residents' records are held both electronically and/or hard copy. Staff have individual passwords to the medication management system as does the CM on the interRAI assessment tool. The visiting GP and allied health providers also document as required in the residents' records. All hard copies are kept securely in the locked cupboards. Hard copy archived records are stored safely and securely on-site. There is an effective system for retrieving both hard copies and electronically stored residents' records. All records sampled were legible, included the time and date, and the designation of the writer. Progress notes were documented for each shift and these were individualised. There is a consent process in place for data collection. Information reviewed was integrated and comprehensive. The CM reported that EPOAs can review residents' records in accordance with</p>

		privacy laws and records can be provided in a format accessible to the resident concerned.
<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>The admission policy for the management of inquiries and entry to Kingfisher House is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. The CM reported that the rights and identity of the residents will be protected by ensuring residents' information is kept confidential in locked cupboards. Family/whānau were updated where there was delay to entry to service, this was observed on the days of the audit and in enquiry records sampled. The family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CM reported that all potential residents who are declined entry are recorded. When entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, Māori Health practitioners, traditional Māori healers and organisations to benefit and support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required time frames. The service uses assessment tools that</p>

<p>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>includes consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the CM and care partners. InterRAI assessments were completed within 21 days and based on this assessment and the staff's observation of the resident. Cultural assessments were completed by the CM who has completed appropriate cultural training. Long-term care plans were also developed. These were completed within the required time frames as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement is encouraged. Twenty-four-hour behaviour management plans were completed and regularly reviewed to reflect residents' changing needs.</p> <p>The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Relevant outcome scores are considered in development of care plan goals and interventions. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews in a timely manner. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CM reported that sufficient and appropriate information is shared between staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes GP, CM, care partners, diversional therapist (DT), personal trainer (PT) and members of the allied health team, and family/whānau.</p> <p>All residents' care was evaluated on each shift and reported in the progress notes by the care partners. Short-term care plans were developed for short-term problems or in the event of any significant</p>
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		<p>change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CM and this was evidenced in records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or family/ whānau responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, change in condition an interRAI reassessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The family/whānau interviewed confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>The Māori Health care place in place reflects the partnership and support of whānau and the extended whanau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tangata whaikaha and whānau from independently accessing information would be identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whanau.</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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by care partners under the supervision of the DT who also works at the other sister facility. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile is completed for each resident within two weeks of admission in consultation with the family.</p> <p>The activity programme is formulated by the DT in consultation with the CM, EPOAs, residents and care partners. The activities are varied and appropriate for people living with dementia. Residents' activities care plans were evaluated every six months or when there was any significant change. Van trips are conducted once a week except under Covid-19 national restrictions.</p> <p>Twenty-four-hour behaviour management plans reflected residents'</p>

		<p>preferred activities of choice and are evaluated every six months or as necessary. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days. The PT visits once a week to engage in exercise sessions with the resident. The planner sighted included, household tasks, word games, baking and cooking, singing, story reading, art, social van rides, exercises and news and views. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated.</p> <p>Family members and residents reported overall satisfaction with the level and variety of activities provided.</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 policy identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation.</p> <p>Indications for use are noted for pro re nata (PRN) medications, over the counter medications and supplements, allergies are indicated, and photos were current.</p> <p>Medication reconciliation is conducted by the CM when a resident is transferred back to the service from the hospital or any external appointments. The CM checks medicines against the prescription and these were updated in the electronic medication management system. The GP completes three monthly reviews. Medication competencies reviewed were current and these were completed in the last 12 months for all staff administering medication.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy in a timely manner. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The house manager was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley and locked treatment room.</p> <p>There were no residents self-administering medications. Self-administration of medication is not encouraged due to the residents' impaired cognitive state. There were no standing orders in use.</p> <p>The service had no residents prescribed controlled drugs. Outcomes</p>

		<p>of as required (PRN) medication were consistently documented. Administration records are maintained, and drug incident forms are completed in the event of any drug errors. The medication policy clearly outlines that all residents, including Māori residents and their whānau, are supported to understand their medications.</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 kitchen service complies with current food safety legislation and guidelines. The food service is managed by a chef who has been at the service for three weeks. There is an approved food control plan for the service which expires July 2022. Meal services are prepared on-site and served in the respective dining areas. The menu was reviewed by the registered dietitian on 7 April 2021. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required. The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained.</p> <p>The family/whānau interviewed indicated satisfaction with the food service.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. The chef reported that residents are offered varied menu choices and these would be culturally specific to te ao Māori where required.</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</p>	FA	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to the public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current</p>

<p>supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>resident's needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was completed. Upon discharge, current and old notes are collated, and stored in a locked cupboard in a secure area. If a resident's information is required by subsequent GP or service, a written request is required for the file to be transferred. The CM reported residents are supported to access or seek referral to other health and/or disability service providers and social support or kaupapa Māori agencies where indicated or requested. Families are involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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 can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness that expires 25 November 2022 is publicly displayed at the upstairs entry to Kingfisher House. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. The testing and calibration of bio-medical equipment is current as confirmed in documentation reviewed, interviews with staff and observation of the environment. Just after the opening of the facility a water pipe burst in the ceiling and flooded the downstairs area. The repairs are near completion. Once completed the five downstairs rooms will be available for occupancy by residents. The service has been operating on the upper level of the facility with twelve (12) residents' rooms. Ten (10) rooms are occupied on the day of the audit.</p> <p>External areas are safely maintained and are appropriate for the resident group being a dementia care/memory loss service. The environment is conducive to the range of activities undertaken in the areas. Effort is made to ensure the environment is hazard free and provides areas that encourage purposeful walking: this includes easy access to a safe outdoor deck. The family members interviewed stated that they understand the processes they should follow if any repairs or maintenance is required. Any requests are actioned in a satisfactory timeframe. Residents and families are happy with the environment. The facility is a secure unit. The process for visitors/contractors to follow is clearly displayed.</p> <p>All resident's rooms and communal areas have opening external windows. The downstairs area opens out to a courtyard and garden</p>

		<p>with a deck and shade area being available. The facility was warm and well ventilated throughout the audit and families confirmed the facility is maintained at a comfortable temperature. Heat pumps are available in the communal areas and in the staff room. Wall heaters are available in the hallways. Handrails are evident in the hallways and adequate storage areas are available. There is a private space for the one YPD resident to seek privacy if needed. Communal lounges and dining areas are decorated in line with the theme of the home.</p> <p>There are a variety of shower/toilets and stand-alone toilets throughout the two levels of the facility. All are accessible for residents and are close to their individual rooms. There is space available in all rooms for resident's belongings. Rooms are personalised. There is an Aotearoa (New Zealand) beach theme around the facility and the Kingfisher theme is also visible with framed pictures and ornaments around the facility, which are enjoyed by the residents and family/whanau.</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>Policies and guidelines for emergency planning, preparation and response are displayed and know to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 04 June 2021. A trial evacuation drill was performed last on the 28 January 2022. These drills are required six monthly and have been added to the training programme. The staff orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures when interviewed. The staff are aware of the residents' safety to be maintained as this is a dementia/memory loss service. There is one resident who identifies as YPD and has dementia, staff are mindful of ensuring that the special needs of this resident will be considered in any emergency event.</p> <p>In an emergency event, alternative sources of amenities are available including a barbecue, water, emergency power and lighting. Torches, blankets, continence products and emergency supplies, frozen and dry foods were sighted and stored appropriately. All staff are trained in first aid as per the training records reviewed.</p> <p>Sensor mats are connected to the staff intercom. Staff respond</p>

		promptly as per the internal audit completed and as per the family interviews. The facility is locked as this is a secure dementia service. There is an intercom at the gate to activate for visitors/contractors and signing in/out system which is adhered to. Doors and windows are checked by staff on the afternoon and night shifts.
<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	Responsible use of antimicrobials is promoted. The effectiveness of the antimicrobial stewardship (AMS) programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the clinical manager (CM) who is appointed as the infection prevention and control coordinator (IPCC). A position description for the IPCC was in place.</p> <p>The service has guidelines in place to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled. There was a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring records depending on alert levels by the MOH were documented. COVID -19 rapid antigen tests (RATs) are being conducted for staff</p>

		<p>and visitors when indicated prior to coming on site. There was an exposure event where one staff member tested positive for COVID - 19 in February 2022 and this was managed according to policy. The facility was closed to the public for a week, with GP, family/ whānau , residents, and relevant authorities notified promptly. Documented evidence of meetings with DHB, staff and family notifications were sighted. Cultural advice is accessed where appropriate.</p> <p>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed three times a year and all corrective actions are documented and were verified at audit. The CM interviewed reported that cultural advice is accessed where appropriate and all heavily soiled lined is packed in yellow bags and washed offsite.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff in the nurse's station and these were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitizers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the CM or other external consultants. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The CM completed various infection prevention and control trainings online such as hand hygiene, pandemic planning, outbreak training, donning, and doffing. The service is actively working towards including infection prevention information in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The CM is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement</p>

<p>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>		<p>the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infections rates information is shared in a timely manner. The IPCC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and management meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working to ensure surveillance of health care associated infections include ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>The service policy describes safe and appropriate storage and disposal of waste, infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. The owner/director, CM, chef, house manager and care partners interviewed demonstrated awareness of safety and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment was readily available. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>Laundry is washed on-site or by family members if requested and if it is heavily soiled it be packed in yellow bags and washed offsite. The</p>

		<p>family/ whānau interviewed expressed satisfaction with the laundry management and the clothes are returned in a timely manner. Care partners are responsible for cleaning and received appropriate training. Chemicals were decanted into appropriately labelled containers. The staff attend chemical safety training annually. Chemicals are stored in labelled containers in a locked room. The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. The family members interviewed reported that the environment was clean and were satisfied with laundry services. Care staff demonstrated a sound knowledge of the laundry processes. There is a clear separation of clean and dirty areas in the laundry.</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>Maintaining a restraint free environment is the aim of the service. The organisation wide governance group demonstrates commitment to this. At the time of the audit no residents were using a restraint. This service providers provide rest home level dementia/memory loss services only and no restraint is used at any time. When restraint is used this is as a last resort when all alternatives have been explored. Processes would be followed as per the restraint policy and procedures should this be required. The service provider responsible for restraint management is the clinical manager. A register has been developed.</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 standard by looking at the code. For example, a Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana Motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, a 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 of this audit.

No data to display

End of the report.