

Jass Holding Limited - Janelle Rest Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, 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: Jass Holding Limited

Premises audited: Janelle Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 21 April 2022 End date: 21 April 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: 20

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

Janelle Rest Home is owned and operated by Jass Holding Ltd. It is located in Papakura, Auckland. The care home manager lives on site and provides clinical services and oversight as well as being responsible for strategic and operational planning and management. The service is certified to provide rest home level of care for up to 21 residents. On the day of audit there were 20 residents.

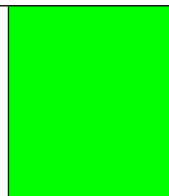
This certification audit was conducted against the relevant Nga Paerewa Health and Disability Services Standards 2021 and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, a relative, staff, and management.

The owner is supported by a team of caregivers and cooks who support residents and family. One of the owners helps address maintenance issues. Policies, procedures, and processes are established to meet the Health and Disability Services Standard and contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care with improvements to the facility made since the change in ownership nine months ago.

This audit has not identified any shortfalls.

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.

The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff stated that culturally appropriate care is provided. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The care home manager and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family are kept informed. There are policies and processes implemented for documenting and investigating complaints with improvements made if applicable to the outcome of the complaint.

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.

The service was purchased in July 2021 and the owner of the service is also the care home manager (registered nurse). The caregivers include staff who are orientated and have experience in aged care. The business/quality plan includes mission, vision, and values statements with goals and quality and clinical indicators documented and monitored.

The service has an organisational quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, review of complaints and incidents, health and safety data and other information is collated with corrective actions completed and improvements to service put in place.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training is in place. Staffing meets needs of residents.

The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

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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Janelle Rest Home 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 care home manager (CHM) who is a registered nurse 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. 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. Evidence of completed current medication competencies was sighted.

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 if needed.

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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness (BWOFF), which expires on 8 November 2022. 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. Resident rooms are personalised, and communal facilities are appropriate. 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, and 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 the 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 that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the care home manager. There are no restraints used at the service. Maintaining a restraint-free environment is included as part of the staff education and training programme. The service considers the least restrictive practices, implements de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. Staff have training in management of challenging behaviour.

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	157	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>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents; a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident and practical application of the policy (tikanga best practice guidelines) documented. The policy and guidelines are based on Te Tiriti o Waitangi with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori.</p> <p>The service is situated in Papakura which has a population of 27% who identify as Māori. The service has three residents who identify as Māori with one staff member who identifies also as Māori. One resident record was reviewed for a Māori resident and this has a cultural assessment that includes identification of iwi, hapu and whakapapa. and Māori health care plan. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. One Māori resident interviewed stated that their cultural needs were met, and the service supported them to link with family. They also said that they preferred family to support them with any cultural needs and this was documented in the care plan. Residents and whānau are involved in</p>

		<p>providing input into the resident's care plan, their activities, and their dietary needs. Interviews with the care home manager (CHM/registered nurse), and staff including three caregivers, one cook, administrator, one activities coordinator described cultural support as per the policy and the care plan reviewed with a Māori-centred approach documented and provided.</p> <p>The service has contacted Papakura marae to see if they can provide support for the service. While the marae indicated that they were happy to engage at some point, this is not possible with Covid restrictions in place currently. The service has engaged the support of a neighbour who identifies as Māori. They have actively contributed to the service through support for staff and residents, involvement in the activities programme for Māori cultural activities such as Matariki and for advice and support for the care home manager (CHM).</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific peoples policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The organisation is working towards the development of a Pacific health plan. The CHM interviewed stated there are plans to partner with a Pasifika organisation to provide guidance. Cultural safety training has been provided to staff in 2021.</p> <p>There is one resident who identifies as Pasifika (Samoan) and a Samoan staff member who is identified as the primary caregiver for the resident. There are three other Pasifika staff including staff who identify as Fijian or Fijian Indian. Documentation on entry includes the resident's ethnicity which is recorded in the electronic resident management system. This data is analysed as part of the Ministry of Health reporting requirements. Family members of Pacific residents are encouraged to be present during the admission process and are actively encouraged to engage at the six monthly multi-disciplinary meeting or at times of their choice. The CHM described how they would encourage and support any applicant that identified as Pasifika through the employment process. The Code is available in Samoan.</p> <p>The resident who identifies as Pasifika was interviewed and they</p>

		<p>stated that they were very satisfied with the support provided. They said they had Island food that they enjoyed provided by the service during the week and food also brought in by the family who were encouraged to visit.</p> <p>Staff have had cultural training in 2021 and this included Pacific worldviews.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their families/whānau. The CHM discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code is displayed at the entrance of the facility in English and te reo Māori. There are also pamphlets in Māori, English, and Pacific languages. Discussions relating to the Code are held during the multi-disciplinary meetings six monthly. All 10 rest home residents (including one using respite care) and one relative interviewed, reported that the residents' rights are being upheld by the service. Interactions observed on the days of audit between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance of the facility. There are links to spiritual supports including ministers/priests who provide spiritual care both to groups and individually (Covid regulations permitting). During periods of lockdown or when Covid is identified in the community, spiritual services are available by zoom. While the CHM stated that they would support any resident to go to services in the community, there are none at the moment who wish to attend.</p> <p>The caregivers interviewed described how they arrange their time of their shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation and annually with the last training provided to staff in 2021. This training includes understanding the role of advocacy services.</p> <p>Māori independence (mana motuhake) is recognised by staff through</p>

		their cultural training programmes and Māori cultural activities held on site.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The CHM, caregivers, and the activities coordinator interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. A care plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident.</p> <p>Caregivers interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over and choice over activities they participate in. Cultural identity is included in the cultural assessment, care plan, and overall goals.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The satisfaction survey completed in 2021 by one resident confirmed that that resident is treated with respect. This was also confirmed during interviews with residents and a family member.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships.</p> <p>The mission statement includes provision of a respectful atmosphere with the CHM committed to ensuring that this is delivered. Information around values and beliefs is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff were observed to use person-centred and respectful language with residents. Residents and the relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged with staff having had training around privacy and confidentiality in 2021.</p>

		<p>Residents' files and care plans identified residents preferred names and these were used on name plaques on each bedroom door.</p> <p>Staff are encouraged to use te reo Māori and there are te reo Māori signs in a selection of locations throughout the facility with plans to increase the number of signs.</p> <p>Online cultural training was last completed in 2021.</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>The abuse and neglect policy is documented. The company policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Daily cares and the activity programme includes people of all ethnicities and cultural days are held to celebrate diversity. All staff have received training around identifying and reporting abuse or neglect or any issues related to discrimination; coercion; harassment; physical, sexual, or other exploitation. Staff are educated on how to value the older person by showing them respect and dignity. The residents and the family member interviewed confirmed that the staff are very caring and supportive, and all confirmed that there was no evidence of abuse, neglect, discrimination; coercion; harassment; physical, sexual, or other exploitation. The relative interviewed confirmed that the care provided to their family member is excellent. The CHM is committed to having effective safeguards to protect them from abuse and re-victimisation with these monitored by the CHM.</p> <p>Residents are encouraged to maintain as much independence as possible. This includes engaging in household tasks, gardening, and walking as much as possible. The caregivers described a strengths-based approach.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and ongoing training.</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>Information is provided to residents/relatives on admission. Throughout the pandemic, the service has had to move away from resident meetings in the second half of 2021 with the CHM providing an open-door policy that encouraged residents to express their concerns. Engagement with family has continued through emails and phone calls.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Seven accident/incident forms reviewed confirmed that relatives are kept informed. The relative interviewed stated that they had been kept informed when their family member's health status had changed. They also stated that they could express any concerns or ask questions at any time with direct contact with the CHM whenever they required information.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents that required the support from an interpreter.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospital (DHB), mental health services etc. The delivery of care includes a multidisciplinary team (doctor, CHM, podiatrist etc) and residents/relatives provide consent and are communicated with regarding services involved. The CHM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
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<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 CHM 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 the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the resident. The CHM stated that the GP could make a clinically based decision on resuscitation authorisation in consultation with residents, EPOAs, family/whānau if the resident was not competent to make the decision.</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 a relative confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and included in the resident record.</p> <p>There are policies around consent and informed consent. There are also tikanga guidelines, however the service does not yet have a competency framework in place around best practice tikanga guidelines. Informed consent processes are discussed with residents and family members on admission.</p> <p>Five resident files sampled have signed admission agreements on record.</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</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The CHM maintains a record of all complaints, both verbal and written, by using a complaints register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There were three complaints logged in the complaint register in 2021 (all received prior to the current ownership) and none in 2022 since the change in ownership in July 2021. Both 2021 complaints documented in the register included evidence of an investigation, follow-up, and correspondence with the complainant. Staff are</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted) with staff interviewed stating that they are kept informed.</p> <p>Discussions with residents and a relative confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can select to make a complaint or express a concern. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose with this confirmed by residents and a family member interviewed.</p> <p>Staff were able to describe the complaints process as per the Code and policy.</p> <p>There have not been any external complaints since the last audit received from other 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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Janelle Rest Home is a limited liability company with two owners (the care home manager [CHM] and one director who supports the maintenance programme). The CHM is an RN with over 14 years' experience in aged care. They have held nursing and management roles in previous rest home/hospitals, have a Bachelor Nursing, Bachelor of Law, and a level 7 NZQA management certificate.</p> <p>The service is certified to provide rest home level care for up to 21 residents. On the day of audit, there were 20 residents, all at rest home level of care, with two receiving respite care (one carer support and one receiving Taikura Trust funding). One resident was identified as a young person with a disability (YPD). All other residents are under the Age Residential Related Care contract (ARRC).</p> <p>A mission, philosophy, vision, and values are documented. The business/quality plan for 2021 has objectives, actions, timeframes, and responsibilities documented with the CHM tailoring the plan to reflect Janelle Rest Home. A review of the plan completed prior to the current ownership was not able to be completed. There is a risk management plan updated as required and at least annually. The</p>

		<p>CHM reviews all aspects of the quality programme.</p> <p>Cultural training is accessible and available for the CHM and staff. Interviews with the CHM confirmed the CHM is committed to supporting the Ministry of Health’s Whāia Te Ao Mārama Māori health strategies. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori, to ensure tāngata whaikaha have meaningful representation, and to identify and address barriers for Māori for equitable service delivery.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Janelle Rest Home implements the organisation’s quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; an implemented programme of internal audits and a process for identifying and addressing corrective actions.</p> <p>Review of data from internal audits, incidents and accidents, complaints, and data from clinical indicators such as infection control, health and safety, staffing issues, wounds, pressure injuries, restraint etc occurs at the monthly staff meetings. Data is discussed and corrective actions put in place to address issues raised. There is evidence of resolution of issues against the corrective action plans and improvements made as a result of the outcomes documented. Staff interviewed confirmed that they were all involved in the quality programme and all could identify improvements to the service in the past nine months.</p> <p>The CHM has received one resident survey back in November 2021 that showed a high level of satisfaction with the service. The CHM plans for further annual satisfaction surveys.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are</p>

		<p>developed by an external consultant, are regularly reviewed and have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff through staff meetings and training. Training is based on the policies.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms are completed with evidence of resolution of issues. An up-to-date hazard register was sighted. Health and safety policies are implemented and monitored through the staff meeting. Staff stated that they are kept informed on issues related to health and safety. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available if required (contracted as needed).</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the staff meetings. Seven resident related accident/incident forms were reviewed (2022). Each event involving a resident reflected a clinical assessment and follow-up by the CHM.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification required submitted to HealthCERT since the last audit related to the CHM not having interRAI training. The Ministry of Health has given an exemption for the CHM to complete training and interRAI assessments by the end of June 2022. There have been no outbreaks since the new ownership in July 2021.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	FA	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The CHM and caregivers hold current first aid certificate apart from one new caregiver who does not work alone at any time. The roster is adjusted if necessary, to ensure that there is a first aid trained staff on duty 24/7. Interviews with caregivers stated that overall staffing is</p>

<p>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>adequate to meet the needs of the residents.</p> <p>The CHM is available Monday to Friday on site and on call at all other times. The caregivers are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are seven caregivers (three have completed NZQA level four certificate, three with level three certificate and one with level two certificate). The CHM is enrolled in interRAI training. A social worker with a current annual practicing certificate who has worked for over 15 years in the needs assessment service has been employed (yet to start) to complete interRAI assessments for all residents with oversight and input from the CHM.</p> <p>There are three caregivers in the morning (two long and one short shift from 8am to 1pm), two in the afternoon (one long shift and one short 3pm to 9pm), and one caregiver overnight. The CHM also stays on site and is available at any time.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>There is an annual education and training schedule being implemented. Training is delivered via in-services. Staff attended mandatory cultural training in 2021 with evidence of high staff participation. Competencies are completed by staff including medication, hand hygiene, infection control, fire and emergency training, health and safety etc. A record of completion is maintained in each staff members files. The CHM and staff can access training through Ko Awatea (DHB online training) and at the DHB. The CHM has completed at least eight hours training in the past year. Feedback on surveys and quality data ensures staff participate in learning opportunities. The service is working to provide staff with the most recent literature on Māori health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual</p>
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		<p>handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Five staff files reviewed (one caregiver/activities coordinator, the cook and three caregivers) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. CHM [registered nurse], GP, pharmacy, podiatry). There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>New staff have all completed orientation (confirmed in five staff files reviewed). Caregivers interviewed stated that they had completed at least five days buddying with a more senior caregiver. All felt that this was plenty of support and they stated that they could talk with the CHM at any time. They also stated that a new caregiver currently completing their orientation had asked for more time with a buddy as they were new to the role. Competencies are completed at orientation. The service demonstrates that the orientation programmes supports caregivers to provide a culturally safe environment to Māori and others.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing</p>

		and follow-up action taken are documented.
<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>Resident files and the information associated with residents and staff are retained in secure environments. Electronic information (e.g. policies and procedures, quality reports and data/benchmarking and resident information) is routinely backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation and the effectiveness of the information management system.</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</p>	FA	<p>The admission policy for the management of inquiries and entry to Janelle Rest Home 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, rest home, young people with disabilities (YPD), respite care level of care was in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. The CHM 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 a</p>

<p>communicated to the person and whānau.</p>		<p>delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CHM reported that all potential residents who are declined entry are recorded. When an entry is declined, the CHM stated that 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 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>All five files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required timeframes. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the CHM and care staff. Cultural assessments were completed by the CHM who has completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. These were completed within the required timeframes 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 are encouraged.</p> <p>Initial interRAI assessments were completed within 21 days. Fifty percent of interRAI were overdue, however the service has been given a special exemption until 30 June 2022 by MOH to complete interRAI assessments. The CHM has not yet fully completed interRAI</p>

	<p>training. The CHM reported that the following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observations forms, nursing observations, wound assessment and monitoring forms, blood glucose, and restraint monitoring charts.</p> <p>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. 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 the development of care plan goals and interventions. Detailed strategies to maintain and promote the residents' independent wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented.</p> <p>Five resident clinical files were reviewed. All were assessed at rest home level of care with one identified as being a young person with a disability (YPD) and one accessing respite care. All these residents had specialised assessments completed. The GP visits the service once a week and is available on call 24/7. Residents' medical admission and reviews were completed within the required timeframes. 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 CHM reported that sufficient and appropriate information is shared between the staff at each handover. Staff interviewed stated 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, CHM, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and</p>
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		<p>family/whānau. The GP could not be reached for comment. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the 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 CHM and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>There were no active wounds at the time of the audit. A folder was reviewed which documented past wound assessments, wound care plans and evaluations with supporting pictorial evidence in place. The CHM reported that DHB wound nurse specialists and GP have input into chronic wound management when required. There were no residents requiring specialist services currently. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health Care Plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata 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 whānau.</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>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the activities coordinator under the supervision of the CHM. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive</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>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 activities coordinator in consultation with the CHM, family, residents, and care staff. The activities are varied and appropriate for people in a rest home setting. The YPD engages with other residents in the activities programme at the service, and where required, one on one and group activities are arranged. 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>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 planner sighted included, music, bingo, happy hour, book reading, daily walks to the park, church services, Papakura Library visit fortnightly, singing, story reading, art, social van rides, exercises, and news and views. Māori residents participate in the planned activities as per their choice and preferences, including Māori music, watching the Māori television channel, and family/whānau social activities, as confirmed by the activities coordinator and family members interviewed. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with community traditional leaders, celebrating religious and cultural festivals, attending to marae events and pacific residents are included as well through their communities.</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>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. There is a medication management policy in place.</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>Administration records are maintained, and drug incident forms are completed in the event of any drug errors.</p> <p>Ten medication charts sampled included seven rest home, one YPD, and two residents using respite level of care. Indications for use are noted for pro re nata (PRN) medications, over-the-counter medications, and supplements, allergies are indicated, and photos were current. Eye drops in use were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy promptly. There is only one medication room, 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 caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medications and there is a self-medication policy in place when required. There were no standing orders in use. The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The food service is managed by two cooks, one works</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>from Monday to Friday and the other cook covers the weekend. There is an approved food control plan for the service which expires on 18 June 2022. Meal services are prepared on site and served in the two main dining rooms in both wings. Food is transported using food a trolley with insulated food covers. The menu was reviewed by the registered dietitian in March 2021. All kitchen staff have current food handling certificates, and these were sighted in the staff files reviewed.</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.</p> <p>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 residents and 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 cook reported that residents are offered varied menu options, and these would be culturally specific to te ao Māori where required. Residents who identified as Māori and Pasifika were being given meals of their choice such as boil ups, Island food, and where required family/whānau were bringing in delicacies depending on their cultural background.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is</p>

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the 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 CHM reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or Kaupapa Māori agencies were indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services such as podiatrists, gerontology nurse specialists, and physiotherapists was sighted in the files reviewed. Families are involved in all exits 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 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 building has a current building warrant of fitness in place. One owner/director assists with the maintenance issues and works three days a week. Essential contractors are available 24 hours a day. Reactive and preventative maintenance systems are in place, with maintenance requests being placed in a maintenance book that gets signed off after completion of the required repair. All electrical equipment has been tested and tagged on 10 February 2022 and clinical equipment has had functional checks/calibration undertaken annually (last checked on 10 February 2022). Hot water temperatures have been tested and recorded in every resident room, laundry, and kitchen monthly. All hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms and 60 degrees Celsius in the laundry and kitchen areas.</p> <p>The communal areas at the service include the big lounges in both wings, a small lounge, and a dining area next to the kitchen. The communal areas are easily and safely accessible for residents. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely. There are</p>

		<p>quiet, low stimulus areas that provide privacy when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas. There is outdoor seating and shade.</p> <p>Care staff interviewed stated they had adequate equipment for the safe delivery of care including, weighing scales, pressure prevention mattresses, electric beds with high-pressure rating mattresses, and lazy boy chairs on wheels.</p> <p>There is one double room which had single occupancy on the day of the audit. The rest are single rooms eight of these have shared ensuites, and two rooms have full ensuites. The CHM reported consents for sharing were obtained when required. Residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids for residents. Residents are encouraged to personalise their bedrooms as observed during the audit. All bedrooms have a hand basin and free-flowing soap and paper towels in the toilet areas. All bedrooms and communal areas have ample natural light and ventilation. All rooms have wall heaters and electric fans are used. Staff and residents interviewed, stated heating and ventilation within the facility are effective.</p> <p>There are sufficient communal toilets and showers to cater to all residents. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents interviewed confirmed their privacy is assured when staff are undertaking personal care. Visitor and staff toilets are available and all, including communal facilities, contained flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers, and utility areas having non-slip vinyl and stainless-steel flooring.</p> <p>The service is actively working towards having cultural consultants regarding the planned building extension to ensure it reflects the aspirations and identity of Māori.</p>
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<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 known 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. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 10 November 2021 and nine staff attended. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continence products, and a gas BBQ meet The National Emergency Management Agency recommendations for the region. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the entrance and communal areas. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a Covid-19</p>
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		screening questionnaire, rapid antigen testing (RAT), and temperature monitoring. Contact information is collected for tracing should this be required.
<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 CHM is the infection prevention coordinator (IPC). The CHM reported that they have full support from the infection control specialist at the DHB regarding infection prevention matters. This includes time, resources, and training. The CHM has completed education on infection prevention and antimicrobial use. Monthly management meetings include discussions regarding any residents of concern, including any infections. These meetings are attended by the owner/directors who remain fully informed. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, and the GP, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The Māori health plan ensures staff are practicing in a culturally safe manner. There have been no outbreaks since the previous audit.</p> <p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) were developed in alignment with the strategic document and approved by governance and linked to a quality improvement programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The service has a documented infection prevention and control programme that is reviewed annually. A review of the programme is completed by the CHM who is the infection prevention coordinator (IPC). A position description for the IPC was in place and this was sighted on the day of audit.</p> <p>The service has guidelines in place to manage and prevent exposure</p>

<p>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>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.</p> <p>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 and visitors when indicated before coming on site.</p> <p>The infection control policy sighted was updated to include Covid-19 and disinfection/decontamination of reusable medical devices. Documented policies and procedures for managing both manual and automated decontamination of reusable medical devices were reviewed. The CHM reported that there are documented appropriate decontamination procedures in place for medical equipment and devices used in the delivery of care. Internal audits are completed three times a year and all corrective actions are documented and verified at the audit. The CHM interviewed reported that cultural advice is accessed where appropriate.</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 nurses' station, and these were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, 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</p>
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		<p>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 CHM, 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 CHM completed various infection prevention and control training online such as hand hygiene, pandemic planning, outbreak training, donning, and doffing.</p> <p>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 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>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The CHM is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement 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 promptly. The IPC 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</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate that is 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. 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</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working to ensure surveillance of healthcare-associated infections including 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>	<p>FA</p>	<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 CHM, cook, and care staff 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 (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on site or by family members if requested, in the well-equipped laundry which has a clear separation of clean and dirty areas. The resident and family/whānau interviewed expressed satisfaction with the laundry management and the clothes are returned promptly. There are no designated laundry and cleaning staff. Care staff in their respective wings are involved in managing the laundry and cleaning requirements. All received appropriate training in chemical safety training annually and infection control, including Covid-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There is one cleaning room where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored</p>

		<p>through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to Covid-19. The residents and family members interviewed reported that the environment was clean and were satisfied with laundry services. The care staff demonstrated a sound knowledge of the laundry processes.</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>As per the restraint policy, restraints must take into consideration cultural preferences, and effect on the residents' mana. Restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The organisation is committed to maintaining a restraint free environment. There were no residents being restrained in the service. The restraint coordinator is the CHM (registered nurse). There is a restraint coordinator job description, and the CHM is knowledgeable regarding this role. Restraint minimisation training and management of challenging behaviour is included as part of the mandatory training plan and orientation programme.</p> <p>There have not been any episodes of restraint in the event of an emergency however if there were, these would be recorded using the incident reporting process.</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.