

MA Healthcare Group Limited - Awanui 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: MA HealthCare Group Limited

Premises audited: Awanui Rest Home

Services audited: Dementia care

Dates of audit: Start date: 10 May 2022 End date: 11 May 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: 22

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

Awanui Rest Home provides dementia level of care for up to 24 residents. There were 22 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, staff, and a general practitioner.

The business & care manager is appropriately qualified and experienced. He maintains a current practising certificate as a registered nurse and has many years of experience in the aged care sector. There are quality systems and processes being implemented. Feedback during the audit from families was very positive about the care and the services provided. An induction and in-service training programme are established to provide staff with the knowledge and skills to deliver care.

This certification audit identified that improvements are required in relation to communication, satisfaction surveys, education and training for staff, and staff orientation.

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.		Some subsections applicable to this service partially attained and of low risk
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Awanui Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. The service works collaboratively to embrace, support, and encourage a Māori worldview of health; and to provide high-quality and effective services for residents.

Awanui Rest Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. There have been no complaints lodged since the previous audit.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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The business plan includes mission and vision statements; and measurable goals that are regularly reviewed by the two directors. The service has implemented quality and risk management systems. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy that reflects safe staffing levels. A role specific orientation programme and staff training programmes are documented.

The service ensures the collection, storage, and use of personal and health information of residents is 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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There is an admission package available prior to or on entry to the service. The Business & Care Manager/registered nurse (BCM) is responsible for each stage of service provision. The BCM assesses, plans and reviews residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

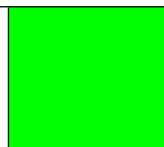
Medication policies reflect legislative requirements and guidelines. The BCM and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities in line with the individual 24-hour activity plan created for each resident. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and

additional requirements/modified needs were being met. The service has a current food control plan. There are nutritious snacks available 24 hours per day.

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.

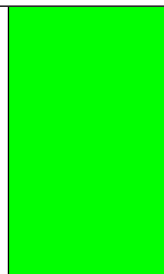


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Appropriate training, information and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff on entering employment and as part of the ongoing competency education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There has been one outbreak (Covid-19 Omicron) since the previous audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Cleaning and laundry services are well monitored through the internal auditing system.

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.
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The restraint coordinator is the business & care manager who is a registered nurse. There are no restraints used at Awanui Rest Home other than environmental restraint for this secure dementia care facility. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	22	0	3	1	0	0
Criteria	0	136	0	3	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>A Māori health plan and cultural safety policy is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The aim is to ensure all staff are provided with relevant and timely information (Manaakitanga) to guide the care of residents identifying as Māori. The service currently has three residents who identify as Māori.</p> <p>Interviews with the business & care manager/registered nurse (RN) and seven staff who frequently interact with the residents (three healthcare assistants (HCAs), one diversional therapist (DT), one cleaner/laundry, one cook, one maintenance) confirmed their understanding of how they interact with the Māori residents and their whānau, ensuring an equity-based approach with examples provided.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were no Māori staff.</p>

		Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with care staff confirmed ways that care is based on the resident's individual values and beliefs. The business & care manager stated that they are very proud of their multi-cultural and diverse staff who provide holistic cares and have a good understanding of the various cultures of the residents.
<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>	Not Applicable	<p>On admission all residents state their ethnicity. The business & care manager confirmed through interview that family members of Pacific residents are encouraged to be present during the admission process and assist with completion of the initial care plan. There were three residents that identified as Pasifika at the time of the audit. For all residents, individual cultural beliefs are documented in their care plan and activities plan. Work is underway to develop an assessment tool for Pasifika to inform the Pasifika resident's care plan.</p> <p>Plans to partner with a Pasifika organisation are underway through Panamasians o Tuia Trust. This organisation's input will be sought as the Pacific health plan is developed.</p> <p>The service is actively recruiting new staff. The business & care manager described how they encourage and support any staff that identify as Pasifika through the employment process. There were five staff that identified as Pasifika at the time of the audit. Both auditors were greeted by the staff on arrival and were presented with leis to wear.</p> <p>Interviews with staff and four family/whānau; and the documentation reviewed identified that the service puts people using the services, whānau, and communities at the heart of their services.</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-</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The business & care manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is</p>

<p>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>displayed in English and te reo Māori.</p> <p>Discussions relating to the Code are held during resident meetings with the diversional therapist. All relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents and families. There are links to spiritual supports. A selection of family takes their loved ones to church services. Plans are in place to reinstate communion after the Covid pandemic is no longer considered a risk to the residents.</p> <p>Staff are scheduled to receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code), which is planned to begin at their orientation and continue through the annual training programme (links 2.3.4, 2.4.4). Advocacy services are linked to the complaints process.</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>Care staff interviewed (business & care manager/RN, HCAs, DT) described how they support residents to choose what they want to do. Families/whānau interviewed stated the residents have choice. Family/whānau are encouraged to be involved in the development of the resident's care with examples provided.</p> <p>Residents have control over and choice over activities they participate in, verified through observations and interviews with care staff.</p> <p>It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with families/whānau.</p> <p>Staff were observed to use person-centred and respectful language with residents. Families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names.</p>

		<p>Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, and rooms are blessed following the death of a resident. A spirituality policy is in place.</p> <p>Plans are in place to install te reo Māori signage (in addition to the Code of Rights) in locations throughout the facility.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Awanui Rest Home policies describe the prevention of any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. House rules are discussed and signed by staff during their orientation. Further work is required to ensure the house rules address harassment, racism, and bullying.</p> <p>Staff interviewed confirmed ways that they value the older person with dementia, showing them respect and dignity. All families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>	PA Low	<p>Information is provided to residents/relatives on admission. Regular discussions with residents/families identify feedback and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and the 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. There is also a family communication sheet that is held in the resident's file. A selection of accident/incident forms reviewed identified relatives are not consistently kept informed although interviews with family confirmed</p>

		<p>that they are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</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 hospice and DHB specialist services. The business & care manager described an implemented process around providing residents and families with time for discussion around care, time to consider decisions, and the opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by the powers of attorney/welfare guardians. Consent forms for family notifications, Covid and flu vaccinations were also on file where appropriate. Two residents in the shared room also had specific consents related to this on file. Relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in all resident files sampled. Certificates of mental incapacity signed by the GP were also on file.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The business & care manager aims to maintain a record of all complaints, both verbal and written, by using a complaint register. He is aware of the complaints process that is required to be followed, including timeframes, as determined by the Health and Disability Commissioner (HDC).</p> <p>There have been no complaints lodged since the previous surveillance audit. Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff meetings as indicated on the meeting agenda template.</p> <p>Discussions with relatives confirmed they were provided with information on the complaints process and complaints forms are available in the office area. Families have a variety of avenues they can choose from to make a complaint or express a concern (e.g. email, complaints form, verbal complaint). The business & care manager reported that if a family expresses what they would refer to as a concern and that concern carries risk, he would treat it as if it were a complaint.</p> <p>Relatives making a complaint can involve an independent support person/advocate in the process if they choose. Advocacy information is presented in the information provided to residents and families during the resident's entry to the service. Brochures are also readily available in the office.</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>FA</p>	<p>Awanui Rest Home, based in Otahuhu, Auckland, is privately owned by two directors, one who is the chief executive officer (CEO). The CEO is an RN and provides cover when the business & care manager/RN is on leave. The two directors also own three other aged care facilities in the Auckland area. Plans are in place to ensure both directors can demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The service provides dementia level of care with a total of 24 beds. There were 22 residents during the audit. Two residents were private paying, and the remaining residents were under the age-related</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>residential care contract (ARCC).</p> <p>The service has a current 2022 business plan which identifies the objectives and goals of the service. A mission statement, philosophy, and objectives are in place and reflect a resident-centred approach. The core value 'living well with dementia' is stated at the entrance. Business goals are reviewed on a quarterly basis.</p> <p>The business & care manager is an RN with a current practising certificate. He has three years of management experience in the aged care sector and has been in his current role for the past 13 months. He has worked as an RN in aged care since 2011. The business & care manager has responsibility at Awanui for both clinical and operational matters.</p> <p>Links are initiated with Panamasians o Tuia Trust, a multicultural community-based trust that incorporates Matapono (principles) and tikanga into practice and acknowledges the diversity of communities. Panamasians o Tuia Trust seek funding opportunities to assist their partner aged care facilities in providing more for their residents. Meetings occur monthly between the trust and the care business manager. A formal agreement with this organisation is underway.</p> <p>The business & care manager attends over eight hours of professional education a year. His role and responsibilities are defined in the position description.</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</p>	<p>PA Low</p>	<p>Awanui Rest Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection and trending of clinical indicator data (e.g. falls, skin tears, episodes of challenging behaviours, infections).</p> <p>Monthly quality/staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and the collation of clinical indicator data are documented with corrective actions implemented to</p>

<p>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>address service improvements, and evidence of progress and sign off when achieved. Quality data and trends in data are discussed. Staff interviews confirmed their input and understanding around quality initiatives at Awanui.</p> <p>Family satisfaction surveys were last completed in 2020 and are scheduled to take place in 2022. Interviews with family confirmed that they are either satisfied or very satisfied with the services provided to their family member.</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 regularly reviewed and have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place. The business & care manager is the health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety officer and through the internal auditing programme. There are six-monthly manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form as follow-up action(s) taken to prevent reoccurrence.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available as needed and has been recently utilised for a resident who suffered a fracture from a fall. Strategies implemented to reduce the frequency of falls include intentional rounding, the regular toileting of residents who require assistance or reminding, and motion sensors to indicate when residents are out of bed. Individual paper-based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 20</p>
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		<p>accident/incident forms reviewed (witnessed and unwitnessed falls, episodes of challenging behaviour). Incident and accident data is collated monthly and analysed. Results are discussed in the staff/quality meetings and at handover. Each event involving a resident reflects a clinical assessment and follow-up by the business & care manager/RN. Neurological observations are recorded for unwitnessed falls or suspected injury to the head. Relatives interviewed stated they are notified following incidents, although this is not consistently documented (link 1.6.6).</p> <p>Discussions with the business & care manager evidenced his awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed since the previous audit to notify HealthCERT in relation to change in management. The DHB and public health were informed in relation to a recent covid Omicron outbreak at the facility in February/March 2022.</p> <p>Plans are underway to ensure staff cultural competency is assessed. An analysis of practice is planned to be undertaken to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the HCA interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The business & care manager works Monday to Friday and is on call when not available on site. The CEO is a registered nurse who fills in for the business care manager when he is on leave.</p> <p>There were 22 residents living at Awanui at the time of the audit. Three long shift (eight hour) HCAs are rostered from 0700-1500.</p>

		<p>Three HCAs are rostered on the PM shift two long (1500-2100) and one short (1600-2000). Two HCAs are rostered on the night shift (2100-0700).</p> <p>The education and training schedule lists all mandatory topics. It is not fully implemented. Training is typically delivered during staff meetings. External speakers (e.g. Age Concern, oral/dental care, pharmacy, mental health team) have not been able to provide in-services due to the pandemic. In addition, plans are underway to provide cultural training that is specific to Māori and the Treaty of Waitangi.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Seven of fourteen HCAs hold a level three qualification, and seven hold a level four qualification. Six have their dementia qualification. Two HCAs have been employed for less than 18 months. The remaining six HCAs who have been working at the facility for over 18 months have not yet completed their dementia qualification. This previous area identified for improvement (surveillance audit) remains. The business & care manager plans to become a Careerforce assessor to help ensure staff complete their NZQA dementia qualification.</p> <p>Competencies are completed by staff, which are linked to the education training package. Annual competencies completed include medication, hand hygiene, manual handling and restraint minimisation. A record of completion is maintained on an electronic spreadsheet. First aid training is repeated two-yearly.</p> <p>The business & care manager is interRAI trained.</p> <p>Training is provided to staff to ensure health and safety in the workplace including manual handling, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed.</p> <p>Staff wellness is supported in the work environment. Vitamin</p>
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		<p>supplements were provided when the facility was in lockdown due to the pandemic. Staffing ratios reflect adequate staff numbers that are consistently filled when a staff is unable to attend. Staff remarked on this during their interview and stated that they feel very supported by the business & care manager. Teamwork is also supported by the business & care manager with staff commenting that teamwork is very good amongst staff. Many staff have been employed for a number of years.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the business & care manager's office in a locked filing cabinet. Five staff files reviewed (four HCAs, one business & care manager) evidenced implementation of the recruitment process, employment contracts, and police checking. Missing was consistent evidence that orientation checklists were fully completed.</p> <p>There are job descriptions in place for all positions that includes key responsibilities, and personal qualifications.</p> <p>A register of practising certificates is maintained for all health professionals (e.g RN, 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>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member. A general orientation programme was documented as completed for staff but evidence of buddying being completed for HCAs was not sighted. Competencies are completed at orientation and include hand hygiene, restraint minimisation and medication management (where applicable).</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is not currently identified but plans are in place to maintain an employee ethnicity database.</p>

		Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Staff wellbeing is acknowledged by staff.
<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 hard copy. Electronic information (e.g. policies and procedures, quality reports, meeting minutes) are backed-up and password protected. Hard copy information is archived in a secure storage container on site.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Staff signatures and designations are consistently recorded.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the Business & Care Manager (registered nurse).</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The BCM keeps records of how many prospective residents and families have viewed the facility, admissions and</p>

		<p>declined referrals, which is shared with the CEO, however, these records do not currently capture ethnicity. The service is actively working towards gathering specific entry and decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had two vacancies. The service receives referrals from the NASC service, the DHB, and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Awanui and sister facilities (including dementia specific information) which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Awanui has a person and whānau-centred approach to services provided. Interviews with family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were three residents and no staff members identifying as Māori. The service currently engages with a local (Māori and Pasifika) community organisation in order to further develop meaningful partnerships with Māori communities and organisations to benefit 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>	FA	<p>Five resident files were reviewed, with the BCM (RN) being responsible for conducting all assessments and for the development of care plans. There is evidence of whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a range of assessment tools in order to formulate an initial support plan, completed within 24 hours of admission. The</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>assessments include the Coombes falls, Barthel ADL index, pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents. Evaluations were completed six monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely every two weeks and provides out of hours cover. The GP (interviewed) commented positively on the excellent care provided in a challenging environment. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service utilises a physiotherapist as required and a podiatrist visits six weekly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local DHB.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCAs and at least weekly by the BCM (RN). The BCM further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the staff alert the BCM who then initiates a review with a GP.</p>
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<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</p>	FA	<p>The service employs one full-time qualified diversional therapist who leads and facilitates the activity programme Monday to Friday. Saturdays and Sundays have HCAs facilitating activities that have been pre-prepared by the diversional therapist. A weekly activities calendar is posted on the noticeboards located in each of the three wings. Families are also kept informed of activities and upcoming events via social media and communication apps of their choosing which facilitates family/whānau attendance at special events and</p>

<p>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>celebrations (subject to Covid traffic light settings).</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative and social activities. Residents who do not participate regularly in the group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the diversional therapist/HCAs.</p> <p>Each resident has an individual activities care plan, and 24-hour activities plan with suggested timings to guide care staff out of hours. These also included strategies for distraction and de-escalation. The activity plans sampled were comprehensive and reviewed at least six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, cooking, quizzes, sing-alongs, movies, and van trips four days per week. At least two staff accompany residents on outings, one of whom being CPR/first aid trained. Residents enjoy visits to local beaches, parks, gardens and shopping centres. Community visitors include entertainers, church services and the local Māori/Pacifica community association. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Weather permitting, the residents enjoy regular weekend BBQs. Cultural themed activities such as a recent language month occur, with residents and staff day engaging in te reo, Tongan, Samoan and other language sessions and games.</p> <p>Families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</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>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (BCM, and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The BCM</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>(registered nurse) has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The BCM and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and storage area. The medication fridge and medication storage area temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There were no self-medicating residents, no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. The BCM described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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</p>	<p>FA</p>	<p>The lead chef oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special</p>

<p>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>diets. The chef (interviewed) works closely with the registered nurses on duty. The service purees foods on site to those residents requiring this modification. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally, with meals being served directly from the kitchen into the dining room. A tray service to resident's rooms is also available as required.</p> <p>There is a food control plan expiring 19 June 2022. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one to one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori and Pacifica are included in the menu. Nutritious snacks and finger foods are available for the residents at any time of the day or night.</p> <p>Family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies where indicated or requested. The procedure was observed during audit when a resident was taken home on trial by whānau.</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</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 holds a current warrant of fitness which expires 28 November 2022. The maintenance person works 40 hours a week (Monday to Friday) plus on-call after hours. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has been completed and medical equipment, hoists and scales are next due for checking and calibration in April 2023.</p> <p>The maintenance person also looks after the gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The secure external areas and gardens have seating and shade. There are also resident accessible raised garden beds with fruit and vegetables. There is safe access to all communal areas with resident access all around the building within a secure environment. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>All residents share the communal bathrooms/showers within the facility which have signage to show when vacant or occupied. There are also separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>All rooms apart from one are single occupancy. The shared room has two call bell points, privacy curtains and the families/whānau have signed specific consents for the residents to share. There is sufficient</p>

		<p>space in all areas to allow care to be provided and for the safe use of mobility equipment. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Family/whānau are encouraged to personalise bedrooms for the residents as viewed on the day of audit.</p> <p>There are alternative small lounge/sunroom areas with library and activity resources. All communal areas are easily accessible for residents with mobility aids with ramp access. Outdoor areas have items of interest to engage the residents such as a telephone box and the manager's office has the appearance of a general store. There are also decorations and signage applicable to the culture of differing residents at the facility. The service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is wall mounted heating and ceiling panels which are thermostatically adjusted.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place in December 2021. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including 900 litres of water stores to provide residents and staff with three litres per day for a minimum</p>

		<p>of three days. A minimum of one person trained in first aid is available at all times.</p> <p>There are security sensors in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas (e.g. toilets, showers).</p> <p>The building is secure with electronic entry pad access and an intercom for assistance from staff. Visitors are instructed to press the intercom for assistance/entry/exit. There are ten security cameras installed, both indoors and outside. The cameras are kept on and the visual display is located on the business & care manager's desk for close monitoring.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The BCM oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted regularly as part of the annual audit programme. The BCM and CEO are part of the quality team where infection matters are raised. Infection rates are presented and discussed at quality meetings. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local DHB.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all visitors perform a rapid antigen test (RAT) prior to visiting with the residents. There were no residents with Covid-19</p>

		infections on the days of audit.
<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 designated infection control (IC) coordinator has been in the role for fourteen months and is supported by the CEO. During Covid-19 lockdown there were regular zoom meetings with the DHB specialist which provided a forum for discussion and support for facilities. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur.</p> <p>The infection control coordinator has completed infection control training through the local DHB and there is good external support from the GP, laboratory, and the infection control nurse specialist at the DHB. There are outbreak kits readily available and a personal protective equipment store.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the training and education of staff. Policies and procedures are reviewed by the CEO in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control in-services and associated competencies such as handwashing and personal protective. Resident education occurs as part of the daily cares. Families/whānau were kept informed and updated on Covid-19</p>

		policies and procedures via email and newsletters.
<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>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The GP and contracted laboratory also monitor antibiotic use. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the paper-based infection register base and surveillance of all infections (including organisms) is collated onto a monthly infection summary. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality/staff meetings and weekly BCM/CEO meeting. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from the DHB for any community concerns. There has been one outbreak since the previous audit (Covid-19), affecting 19 residents and seven staff, which was appropriately managed with the DHB and public health unit appropriately notified.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-</p>

<p>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>measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub located within the laundry with personal protective equipment available including a face visor available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by a dedicated housekeeper laundry person Monday to Friday, with the HCAs assisting with laundry on the weekends. The laundry has a defined clean/dirty area with two door entry/exit. The cleaners' trolley was attended at all times and are locked away when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The three linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training.</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>Restraint policy confirms that restraint consideration and application must be done in partnership with families, 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. The facility is restraint-free.</p> <p>The CEO stated that he is kept informed in weekly, monthly and quarterly reports of restraint use (if any) from all of his aged care facilities.</p> <p>The business & care manager interviewed stated he is committed to providing services to residents without use of restraint. Episodes of challenging behaviours and strategies implemented to prevent behaviour outbursts are discussed as frequently as daily, at</p>

		handovers, and staff meetings. Observations during the audit confirmed that staff are very skilled in managing residents with behaviours that are challenging. A selection of staff employed for over 18 months have not completed their dementia qualification (link 2.3.4).
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.6.6</p> <p>My service provider shall make communication and information easy for all people to access; understand; and use, enact, or follow.</p>	PA Low	Families interviewed indicated that they are kept informed although, this is not being consistently documented on the accident/incident forms reviewed. Other means of communication with residents and families include regular and informal discussions in regard to how things are going.	Eight of twenty incident/accident forms reviewed failed to indicate family were informed. This has been identified as low risk because families confirmed they are kept well informed	<p>Ensure that there is documented evidence on all accident incident forms to indicate families are kept informed.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	A family satisfaction survey has not been completed to formally document levels of satisfaction with the services being received.	The family satisfaction survey was last completed in 2020.	Ensure a formal process is regularly undertaken to monitor satisfaction with the services.

				90 days
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>An education and training schedule has been developed with training provided either at the monthly quality/staff meetings or by external presenters. The education schedule has not been fully implemented. In addition, six HCAs who have been employed for over eighteen months have not completed their dementia qualification.</p>	<p>i) The education and training plan is not fully implemented. Training scheduled (but missed) in 2022 includes informed consent and advance directives, open disclosure, abuse/neglect, falls prevention and management, and cultural awareness. External speakers that have been scheduled have not been allowed on site due to the pandemic further limiting the number of in-services provided.</p> <p>ii) Six of fourteen HCAs who have been employed for over 18 months have not completed their NZQA dementia qualification.</p>	<p>i) Ensure the education and training schedule is completed as planned.</p> <p>ii) Ensure HCAs complete their NZQA dementia qualification within 18 months of employment.</p> <p>60 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>In three of four HCA staff files reviewed, evidence of a general orientation being completed was sighted. Missing was evidence that HCA staff had completed a buddy programme, as required in the policies and procedures.</p>	<p>Three of four HCA staff orientation programmes were not fully completed. Missing was evidence that they had completed a buddying programme, specific to their job role and responsibilities. An orientation programme checklist has been developed and advised will be implemented with any new employees. As such, the risk has been identified as low.</p>	<p>Ensure HCA staff complete their full orientation programme.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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