

# Agape Care Limited - Milton Court Rest Home

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Agape Care Limited
<b>Premises audited:</b>	Milton Court Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 13 April 2022    End date: 14 April 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	28

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō 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

Milton Court provides rest home and dementia level care for up to 36 residents. On the day of the audit there were 28 residents.

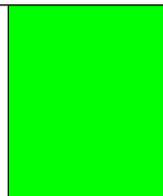
This certification audit was conducted against the relevant Nga Paerewa Health and Disability services standards 2021 and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with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

An experienced aged care management team oversee the service. The owner/manager (registered nurse) has 13 years' experience since purchasing the facility in this role. An experienced registered nurse supports the owner/manager. Staff have worked as a team to continue to provide a high quality of care during the pandemic and outbreak as stated by residents and relatives interviewed who were very complimentary of the service provided. Policies, procedures, and processes have been reviewed and established to meet the Nga Paerewa Health and Disability Services Standard. Quality systems are established, and a culture of quality improvement has been embedded into the delivery of services and care.

A shortfall has been identified regarding the annual review of the infection control programme.

## 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.

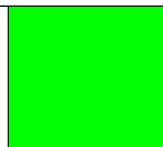


Subsections applicable to this service fully attained.

The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers Rights (the Code). Residents receive services in a manner that considers their dignity, privacy, and independence. Milton Court provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates 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. 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.

## 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.

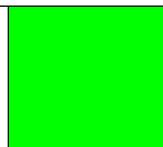
There is a mission statement and philosophy that relates to aged care. The owner/manager provides a monitoring role and is in the governance position as owner of the facility. The service has effective and organisation-wide governance systems in place relating to continuous quality improvement that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, a staff meeting, and collation of data were all documented as taking place as scheduled, with corrective actions as needed.

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 are in place.

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.

The owner/manager and the registered nurse efficiently manage entry processes. The registered nurses and the general practitioners (GP) assess residents on admission. The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

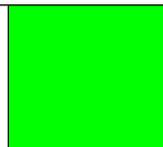
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

## 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.



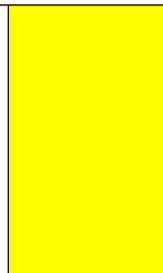
Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services.

Testing, tagging, and calibration is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Security is maintained. Hazards are identified.

## 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.



Some subsections applicable to this service partially attained and of low risk.

A pandemic plan is newly updated and implemented. There are ample supplies of personal protective equipment with these in use on the days of audit. Staff understood and were observed to wash hands and use hand sanitiser appropriately.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment.

Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education.

Surveillance of healthcare associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been an infection outbreak reported since the last audit that was managed in an appropriate manner.

## 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 registered nurse. The restraint management policy and staff stated that restraint is not used in the service. There are no residents with restraint. The restraint-free environment is monitored to ensure that restraint is not used.

## 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	24	0	1	0	0	0
Criteria	0	143	0	1	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

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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>There is a Māori health plan and cultural safety policy to guide staff in the delivery of culturally safe care. These have been updated to reflect Ngā Paerewa Health and Disability Standards.</p> <p>One resident identified as Māori on the day of the audit. Cultural and spiritual needs were assessed with a Māori health long term plan documented. The plan included Māori-specific cultural practices to be considered. The care plan also acknowledges the importance of whānau and encourages them to visit. There is a staff member who can speak te reo Māori with the resident. The service is person-centred but does take a Māori-centred approach for the resident who identifies as Māori. The care plan also references guidelines attached to the policy around what to be aware of for Māori when developing a Maori health plan.</p> <p>Staff last received training on cultural awareness in 2021. This included Māori cultural values, beliefs, and practices. Staff value and encourage active participation and input of the family/whānau in the</p>

		<p>day-to-day care of residents.</p> <p>All care staff (registered nurse, caregiver/supervisor and two caregivers), and the owner/manager interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p> <p>The owner/manager stated that to date there has not been a focus on actively recruiting or retaining a Māori health workforce, however the service is working to address this.</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>	Not Applicable	<p>The service is working to find a link with Pacific organisations to assist with the development of a Pacific Health Plan. There are no residents currently that identify as Pasifika. There are two staff members who identify as Pacific (Tongan and Kiribati).</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The following staff were interviewed during the audit: the owner/manager, the registered nurse, two caregivers and the supervisor/caregiver, chef, activities coordinator, one household (kitchen assistant/cleaner), one kitchen assistant, one maintenance person.</p> <p>Nine rest home residents were interviewed along with eight family members including five from the dementia unit and three from the rest home. Documentation reviewed identified that the service has a person and family-centred approach to care and support.</p> <p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information pack that is provided to new residents and</p>

		<p>their families/whānau. The owner/manager or registered nurse (RN) dementia unit discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code is displayed at the entrance to the facility in English and in each unit (dementia and rest home). There are also discussions around the Code individually with residents and/or family as required. Discussions are also held at the resident/family meetings with these held twice a year. All residents interviewed reported that their rights are being upheld by the service. Interactions observed by the auditors between staff and residents were respectful. Residents and family interviewed all stated that staff were kind and respectful at all times.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents on the residents' noticeboard at the entrance to the facility.</p> <p>Self-determination is encouraged for the resident who identifies as Māori through actions taken by staff as per the Code.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The owner/manager and care staff interviewed described how they support residents to choose what they want to do. This included choice of clothes to wear, food to eat, activities they wish to engage in etc. All residents interviewed stated they had choice and were encouraged to plan their days according to their wishes. This would also include encouraging residents to speak te reo Māori if they wished and to find support from other providers or family to help with ensuring tikanga was respected. A social profile is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. The profile aligns with what the resident enjoys participating in. Staff also respect any residents wishes to not engage in activities offered.</p> <p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care 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</p>

		<p>important to the resident. Cultural and spiritual values and beliefs are included in the assessment, care plan, and activities plan for each individual resident which is developed by the registered nurse, staff, resident, and family. Cultural activities are also included as part of the activities programme. Te reo Māori and tikanga Māori is reflected in the care plan for the resident who identifies as Māori and is also part of the activities programme.</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. This was confirmed during interviews with residents and family members who all stated that staff show respect at all times.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that they are aware of relationships that are formed during the residents stay and support residents to manage these.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents are called by their preferred name with this documented in the resident record. Privacy is ensured and independence is encouraged. There is one couple sharing a double room at the service. Both interviewed valued the opportunity to share a room and had set the room up to be comfortable and appropriate to their needs. They both stated that the service respected their wishes including the need for privacy.</p> <p>The vision, mission and values of the organisation are documented in the welcome pack given to potential residents and family. The underlying statement is a commitment to care with dignity. The philosophy at Milton Court is a commitment to meet the emotional, spiritual, and physical needs of those in care. 'We believe that care must be delivered with compassion, professionalism and empathy in a safe environment'.</p> <p>Cultural training was last completed in 2021. The services annual</p>
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		<p>training plan demonstrates training that is responsive to the diverse needs of people across the service. The owner/manager stated that they would provide Te Tiriti o Waitangi training in the future.</p> <p>A spirituality policy is in place. There are links to spiritual supports including links with church ministers, noting that visits are arranged for individual residents as per their wishes. Visits on site have stopped because of Covid restrictions, however all leaders from churches are ready to come back when levels of Covid restrictions change.</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 service has policies to prevent any form of discrimination, coercion, harassment, or any other exploitation. The owner/manager is looking at developing policies around abolishing institutional racism, encouraging staff to keep up to date with the latest literature on institutional racism with this used to improve services, and to identify and address any issues of racism if they occur. The training plan includes education on abuse, cultural safety, discrimination, and exploitation; however, this has not been provided since 2019 due to the impact of covid19. There were no incidents of discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect in the past year in incident reports reviewed. The owner/manager and registered nurse also confirmed that there were no incidents related to these issues.</p> <p>Staff encourage residents to be as independent as possible. Strengths of the resident are identified in the assessment and care planning process. This applies to residents of any ethnicity. Currently staff do not have training on reviewing their own practice to ensure that they ensure equitable outcomes for Māori. Staff do actively try to reduce and eliminate deficit-based words such 'no you can't do that'. The owner/manager has an open-door policy with residents and/or family able to talk or discuss issues at any time. The registered nurse and supervisor are also approachable and well known in the service and community as confirmed by residents and family interviewed. The owner/manager, registered nurse, and supervisor stated that they encourage residents to discuss any issues and would ensure that re-victimisation would not occur. All residents and family interviewed stated that staff act professionally and manage appropriate</p>

		<p>boundaries.</p> <p>The service has a comfort fund that is managed by the owner/manager and registered nurse. Each resident has an individual balance sheet that documents what the money was used for and a statement is sent monthly to the resident or EPOA. Receipts are kept. This covers incidental items such as the hairdresser, podiatrist, personal shopping, activities such as going to a café (noting that this is often covered by the service).</p> <p>The service is working towards promoting an environment in which it is safe to ask the question 'how is institutional and systemic racism acting here?'</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. Resident meetings are expected to be held twice a year with one held last in October 2021 and one in March 2022. The meetings allow residents (and any family who choose to come) an opportunity to discuss any issues. Residents and family are able to discuss any issues directly with the owner/manager, registered nurses, or any other staff as confirmed in interview with staff and the residents. All residents and family stated that they had been kept well informed of any changes to the service in response to Covid restrictions and impact, for example on visiting times.</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. Fifteen accident/incident forms reviewed that occurred in 2021 and 2022 confirmed that relatives were informed of each event. Family interviewed all stated that they were informed of any changes or incidents in a timely manner.</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 who did not speak English or who did</p>

		<p>not have family/staff who could talk with them. Information is able to be provided in large print when required and staff were observed to speak loudly and clearly to residents who had hearing difficulties.</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 dentists, specialists etc. The GP confirmed that the registered nurse communicates with them in a timely manner with any directions given passed on to staff and residents.</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 is an informed consent policy. In all resident files reviewed there was a general consent form for support and care signed. Care staff were knowledgeable around informed consent. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. The resident agreements include information around consent, extra charges, and payment options. Each resident or EPOA signs the agreement that confirms they have read and understood the clauses. Residents and family interviewed were able to confirm that they had information around services provided and specific information around the level of care to be provided. They also stated that the resident agreement was explained to them prior to signing. Family of residents in the dementia unit stated that they had received comprehensive information around informed consent for their family member when in the unit. EPOAs are activated for residents in the dementia unit as sighted in the six resident records reviewed.</p> <p>There is an advance directive policy. Competent residents sign an advance directive indicating their wishes around resuscitation. If there is no advance directive for a resident who is no longer able to give informed consent around resuscitation, then the GP signs for a medically indicated 'not for resuscitation' status. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are</p>

		<p>involved in the decision-making process, and in the planning of residents' care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were on resident files where available.</p> <p>The service is working towards competencies in best practice tikanga guidelines.</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 owner/manager maintains a record of all complaints, both verbal and written, by using a complaints register. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There has been one complaint logged in the complaint register in 2021 and one to date in 2022. Both complaints were recorded on the register, and include a comprehensive investigation, follow-up, and replies to the complainant. The register confirmed that both complainants were satisfied with the outcome of the investigation. Corrective actions were put in place when identified through the investigation process. There has been one complaint forwarded by the Health and Disability Commission (HDC) in January 2020. This was reviewed at the last surveillance audit. The owner/manager has provided information requested by the HDC and is waiting to hear the outcome of the investigation.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available in the foyer of the service. Residents have a variety of avenues they can adopt to make a complaint or express a concern. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The owner/manager also reviews the satisfaction survey results and acts to address any concerns raised. The last satisfaction survey was completed in 2021 with only one respondent who was very satisfied with services provided. It is thought that a pandemic lockdown just after the questionnaires were given to family and residents prevented</p>

		<p>questionnaires being returned.</p> <p>The Code of Health and Disability Services Consumers' Rights is visible, and available in English. Information around the Nationwide Advocacy service is displayed. Residents and family are informed on entry to the service about advocacy services. This would include access for Māori to advocates who identified as Māori.</p>
<p><b>Subsection 2.1: Governance</b></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>Milton Court is privately owned and operated under the current ownership since January 2009. The service has one owner (registered nurse with a current annual practicing certificate) who provides full operational and clinical management, leadership, and oversight. The owner also owns another aged care facility that caters for residents requiring dementia care. The manger has completed at least eight hours training including HR management, new standards and district health board courses relating to clinical practice and pandemic practice. They are supported by the registered nurse who provides clinical oversight and management. The owner/manager is on site two to three days a week (more if required) and there is regular and open communication with the registered nurse. Any risks (potential or those identified) are discussed between the owner/manager and registered nurse in real time.</p> <p>The RN works 40-60 hours a week and has been in the role for seven and a half years. They have had at least eight hours training annually relevant to the role.</p> <p>Milton Court Rest Home provides rest home level of care and dementia level of care for up to 36 residents. There are 16 rest home beds and 20 dementia care beds. On the day of audit there were 15 rest home residents and 13 residents in the dementia unit (a total of 28 residents). All residents were under the Aged Related Residential Care (ARRC) agreement.</p> <p>There is a documented business plan (2022) which includes a mission, vision, and values along with goals for the business. There is also a quality plan with indicators and both plans have been reviewed annually prior to the next plans being documented. The</p>

		<p>owner plans to identify Māori representation to work with the team at a planning and practical level. The owner could describe the quality and risk management programme. Residents receiving services and family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the satisfaction surveys, resident meetings, and open-door policies.</p> <p>The service plans to collaborate with mana whenua in business planning or service development. The owner/manager is committed to making a meaningful planned approach to improving service delivery. The owner/manager understands cultural risk as demonstrated through the assessment and care planning process.</p> <p>An external consultant provides the service with policies. The owner/manager and registered nurse then adapt these to ensure they reflect the service provided. The owner/manager plans to have meaningful Māori representation into organisational operational policies.</p> <p>The owner/manager is committed to providing an environment and level of service that is relevant for all residents including Māori. The owner/manager plans to be able to demonstrate expertise in Te Tiriti, health equity, and cultural safety as core competencies.</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</p>	<p>FA</p>	<p>The service has a documented and implemented quality and risk management programme. There is a quality and risk management plan in place that is monitored by the owner/manager annually. The quality and risk management plan takes a risk-based approach by including the following elements into the programme: internal audits, review and investigation into incidents and accidents, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data (e.g. skin tears, falls, and infections) and is collated and analysed with discussion at the monthly staff meetings. Clinical indicators are also reviewed at the staff meeting. The service is working to improve health equity through critical analysis of organisational practices including trend analysis and analysis against the key performance</p>

<p>and support workers.</p>		<p>indicators documented.</p> <p>A risk management plan is in place. Staff health and safety training begins during their induction to the service. Health and safety training is provided annually with this last provided in 2021. Discussions around health and safety also occur in the staff meetings. Actual and potential risks are documented on a hazard/risk register, which identifies risk ratings and documents actions to eliminate or minimise the risk. The register has been reviewed at the beginning of 2022. Contractors sign in when they enter the facility and there is a log of preferred suppliers managed by the owner/manager. Contractors are required to follow any Covid requirements including signing in, rapid antigen testing prior to entering the facility and always wearing a mask. Any health and safety issues are documented using hazard identification forms. These confirm whether the issue was eliminated, isolated, or minimised with all reviewed confirming these were managed and resolved in a timely manner.</p> <p>Discussions with the owner/manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification in February 2022 related to an outbreak of Covid-19.</p> <p>The Health Quality and Safety Commission quality domains are linked into the quality framework per se as the service does focus on resident engagement and participation (through an open door policy, surveys and resident meetings); clinical effectiveness through training and access to DHB staff; quality improvement and resident safety through the health and safety programme; and engagement of the workforce through staff meetings and again, an open door policy whereby staff or residents or others can access the owner/manager at any time. The service is able to analyse use of te reo Māori, tikanga and cultural practices through review of the care plans. Ethnicity data is collected.</p> <p>Policies have all been updated by an external consultant to reflect the new standards. The consultant is also able to provide support and</p>
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		evidence-based practice.
<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>	FA	<p>There is a rostering and staff allocation policy that describes rostering and references staffing and acuity levels of residents. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The owner/manager spends at least 40 hours on site (Monday to Friday). The registered nurse and staff all have current first aid certificates. Interviews with the caregivers confirmed that they have sufficient staff and residents and family interviewed stated that staff were able to manage their cares. Staff are replaced when on leave as confirmed in rosters reviewed for the past two months. All stated that call-bells were answered in a reasonable time.</p> <p>There are currently 15 rest home residents with one caregiver on duty on each shift. There is also a supervisor (caregiver) who provides oversight and support for caregivers on the morning shift (7am-5pm) seven days a week. There are 13 residents in the dementia unit. There are two caregivers on each duty (morning, afternoon, and night shifts).</p> <p>Position descriptions reflect expected positive behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio. The service supports and encourages support workers to obtain a New Zealand Qualification Authority (NZQA) qualification.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Training in 2021 has continued despite Covid lockdowns. Cultural safety training was last held in 2021. Of the 13 caregivers employed, there are two caregivers with level 4 NZQA, four with level three and two enrolled in level two training. Cultural training was provided last in 2019 for all staff.</p> <p>A competency programme is in place. Core competencies around medication management have been completed for all care staff</p>

		<p>including the registered nurse and the activities coordinator. Training for the owner/manager and RN is linked to external education provided by the district health board. Registered nurse specific training has been completed in 2021/2022 around the new standards and clinical topics. The registered nurse is interRAI trained.</p> <p>The service is working towards encouraging staff to participate in learning opportunities that provide them with literature on Māori health outcomes, disparities, health equity etc. The service is considering assigning professional development support for clinical guidelines and decision-making tools that are focused on achieving health equity for Māori or establishing opportunities to share knowledge in the service about initiatives that work towards achieving health equity for Māori. Equity training has not yet been made available. The service is encouraging staff to focus on equity for Māori through training, encouragement to review relevant literature and to use decision making tools that are focused on achieving health equity for Māori.</p>
<p><b>Subsection 2.4: Health care and support workers</b></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 (owner/manager, cook, activities coordinator and two caregivers) evidenced implementation of the recruitment process, employment contracts, police checks and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained with the owner/manager and registered nurse both having a current annual practicing certificate. There is an appraisal policy. All staff have had an annual performance appraisal.</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 when first employed. Competencies are completed at orientation. The service demonstrates that the orientation</p>

		<p>programmes is relevant to all staff.</p> <p>Information held about health care and support workers is accurate, relevant, secure, and confidential. Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements and as per policy. Staff engage in debriefing after any incident as part of the staff meetings or earlier with the owner/manager if required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Policies and procedures are held electronically. The system is backed-up and password protected. The resident files are paper based and appropriate to the service type. 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 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. Hard copies of documents such as informed consent forms are protected from unauthorised access by being held securely, kept in a separate electronic folder.</p> <p>Residents' files demonstrated service integration. Entries were legible, timed, dated and included identification of the writer (relevant caregiver, registered nurse, or owner/manager), including designation.</p> <p>As part of their internal audit programme, service providers regularly monitor 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>	FA	<p>The Eldernet website has accurate information about the services provided and costs of accessing services. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry, or from written information on the Eldernet website. The RN stated that at times enquiries are made over the phone and information about the</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>services provided is explained and discussed with the enquirer and an electronic copy of the information handbook can be emailed to the enquirer. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>The owner/manager, the RN and the supervisor are responsible for liaising and facilitating all requests for admission to the service. The admission criteria are documented to guide staff on entry processes. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). The enduring power of attorney (EPOA) has consented for admission of residents in the dementia unit. Signed admission agreements and consent forms were sighted in the records reviewed. Family members interviewed stated they were satisfied with the admission process and the information that was made available to them on admission. All residents admitted required rest home level of care and dementia level care as verified by the NASC notification records in the records sampled for review.</p> <p>The RN reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential. Family/whānau were updated where there was delay to entry to service. This was verified in enquiry records sampled.</p> <p>The RN reported that if a referral is received and the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The prospective resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and the declined entry. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is being worked on. The service is working towards developing partnership with local Māori communities, organisations and Māori Health practitioners and traditional Māori healers. Currently they can access advice through the DHB if required.</p>
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<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>Six resident files were sampled for review (three rest home and three dementia level of care including one for respite care). The RN is responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate or per the residents' request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural guidelines are used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. Cultural assessments were completed by staff who have completed appropriate cultural training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau representatives of choice or EPOAs were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for any behaviours of concern. Triggers were identified and strategies to manage these were documented. Any whānau goals and aspirations identified were addressed in the care plan. A record of who participated in the development and evaluation</p>
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		<p>of care plans was documented in the long-term care plan.</p> <p>Cultural information for a resident who identifies as Māori included the person's iwi, any information relating to the whānau and other important aspects for the resident. The assessment process validates Māori healing methodologies, such as karakia, Rongoa and spiritual assistance.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Allied health interventions were documented for visits and consultations. There is a physiotherapist who can be contacted if required. A podiatrist visits six weekly. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evidenced in the residents' files sampled. Examples of evidence of referrals sent to specialist services included referrals to the mental health services for older people, diabetes clinic and eye clinic. On interview, the GP confirmed they were contacted in a timely manner when required, and that medical orders were followed, and care was implemented promptly.</p> <p>There were three active wounds at the time of the audit. Wound assessments were completed, wound management plans were implemented with regular evaluation completed. There were no pressure injuries.</p> <p>There is a contracted general practitioner (GP) from the local medical centre who visits the service once a week and is available for afterhours on call consultations when required. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed every three months and more frequently as determined by the resident's needs when required. Medical records were evidenced in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted were reported</p>
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		<p>to the RN, as confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for any events, identified acute resident care needs, or as a result of a care measurement trigger. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>The Māori Health plan in place supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The staff confirmed they understood the process to support residents and whānau. The resident interviewed who identified as Māori confirmed satisfaction with the processes in place.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which</p>	<p>FA</p>	<p>The activities coordinator (AC) provides the activities programme. The AC is undergoing diversional therapy course training through Careerforce. The AC works five days a week and provides activities in all wings at different times of the day as per schedule. Caregivers support with activities in the dementia wings when the AC is in the rest home unit. The AC attends study days and the activities programme is checked by an occupational therapist annually.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social history and assessment form that is completed by the AC with input from residents and</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>family/whānau. The activities programme is regularly reviewed through satisfaction surveys, residents, and family meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review and when there is a significant change in the residents ability. This was evident in the records sampled.</p> <p>Activities are held separately for rest home level and dementia level residents. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include dance exercises, van trips, puzzles, message relay, nail care and reminiscing, short walks, 'bingo', Poi dance and birthday celebrations. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi celebrations. Māori music is included in the exercise programme and music sessions. Daily activities attendance records were maintained.</p> <p>Activities for residents in the dementia unit include walks in the secure garden, colouring, sensory tests, skittles, news and reading magazine, massage therapy and one-on-one chats. Residents were observed participating in a variety of activities on the days of the audit. Competent residents in the rest home are supported to access community events and have the independence of going out on their own as desired. This was observed on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>The service uses an electronic medication management system for all long-term residents and a paper-based system for respite care</p>

<p>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>residents. A caregiver was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency. Regular medication management education was completed with the last one completed in February 2022.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. The GP stated that over the counter medication and supplements will be documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Standing orders are not used. There were no vaccines stored on site.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely in a locked medication room, and medication reconciliation is conducted by the RN or owner/manager when regular medicine packs are received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Opened eyedrops were dated.</p> <p>The RN stated that residents, including Māori residents and their whānau, are supported to understand their medications when required. The RN reported that when requested by Māori, appropriate support and advice is provided in consultation with the GP.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary preference forms were available in the kitchen folder.</p> <p>The food is prepared on site by the cook and is in line with recognised nutritional guidelines for older people. The cook is assisted by the kitchenhands who have received required food safety training. The menu follows summer and winter patterns in a three weekly cycle and was reviewed by a qualified dietitian on 29 March 2022. The food is served in each wings dining room. The food is transported to two dining rooms in bain-maries and served through the main kitchen server in one wing of the dementia unit. The server is kept closed at all times except for mealtimes. Staff monitor residents during mealtimes. Residents are not allowed to enter into the kitchen. Residents are asked about their preferences and this includes adding this to the menu if required.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan. The current food control plan will expire in July 2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were</p>

		<p>observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight is monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The head cook and the RN stated that if any residents request for culturally specific food including menu options culturally specific to te ao Māori, this is offered as requested. Whānau are welcome to bring culturally specific food for their relatives. The resident interviewed who identified as Māori expressed satisfaction with the food.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Confirmation of residents' satisfaction with meals was verified by residents, satisfaction surveys results, and resident meeting minutes.</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. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a transfer, exit or discharge policy to guide staff on transfer, exit and discharge processes. Transfers and discharges are managed by the RN and supervisor in consultation with the resident, their family/whānau and the GP. For residents who are transferred to acute services, a 'yellow envelope' system is used. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. The RN reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The</p>

		<p>discharge plans sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was completed. Upon discharge, any resident's paper-based information is collated, and stored in a locked cupboard in a secure area and the resident is discharged from the electronic medication management system. If resident's information is required subsequently by the GP or a service, a written request is required for the file to be transferred.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GPs or RNs. Examples of referrals completed were in residents' files sampled, including to the mental health team and eye specialists. The resident and the family were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews.</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 physical environment supports the independence of people receiving services, such as through appropriately placed handrails. The building consists of three main wings, Topaz which is the rest home, Amber, and Turquoise in the dementia unit. When people need to be transported or transferred between rooms or wheelchairs, doorways, thoroughfares and turning areas can readily accommodate wheelchair, attached equipment, and any escorts. There are comfortable looking lounges for communal gatherings and activities in each of the three wings. The home has adequate space for equipment, individual, and group activities, and quiet space for people receiving services and their whānau. There is a long passageway connecting the rest home to the dementia unit with keypad access entry into the dementia wings. The rest home communal lounges, hallways and bedrooms are carpeted. The dementia unit communal areas, bedrooms and hallways have vinyl. There is a nursing station and separate office for management.</p> <p>All three wings have dining rooms. The main kitchen is in the Amber wing, however there is smaller kitchen facility in the Topaz wing for residents in the rest home. In the dementia unit there is a servery that directly opens on to the dining room/lounge of the dementia unit.</p>

		<p>There are shutter barriers between the main kitchen and the Amber wing. The residents cannot access the kitchen at any time through the servery as it is closed when not in use. The dementia unit is separated by a door within the unit that is locked by a pin code (noting that if the door is locked, there is always a staff member in each 'wing').</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents in the rest home area. The physical environment supports the independence of people receiving services, such as through appropriately placed handrails. There is an enclosed outdoor area for the dementia unit that residents can access freely from both dementia unit wings. Since the previous audit, an additional fence has been erected between the secure dementia unit enclosed garden and the main gate with swipe card control for entry and exit. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>There is a maintenance person who works eight hours a week over two days. Contractors are available when required. The scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The service provider monitors the environmental temperature and has implemented processes to manage significant temperature changes.</p> <p>There are sixteen rooms in the rest home wing with one double room that is occupied by a married couple. In both the dementia unit (Amber wing) and rest home, there are adequate toilets and showers with hand basins in each room. Gender-neutral toilets are available in shared spaces. Processes are in place to assure privacy. Bathrooms are conveniently located throughout the facility and are identifiable. There is a separate toilet for staff and visitors. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>Furniture and fittings are well maintained. The facility van has a current warrant of fitness which expires in July 2022.</p>
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		<p>Compliance certificates for fire and evacuation equipment was sighted. All medical equipment is calibrated, and electrical testing and tagging is conducted. There is a current building warrant of fitness with an expiry date of 22 June 2022. Hazards are identified according to the health and safety programme and the hazard management process.</p> <p>Home decorations reflect the culture of the resident group. Resident rooms are personalised. There is a combination of art, including items which reflect te ao Māori. Art projects completed by the residents are displayed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There are emergency procedures to guide staff when required. There is an approved evacuation scheme (dated 21 June 1996), and the building is divided into fire cells for evacuation purposes. The building is supplied with a sufficient number of fire alarms and extinguishers. All staff have completed the mandatory emergency training, including regular trial evacuations with the last fire drill completed in March 2022. Responding to emergency and security situations is included in induction and training for staff and the owner/manager understands the requirements for monitoring the wellbeing of the staff during an emergency. The documented emergency management policies cover a wide variety of potential situations and include business continuity strategies. The pandemic response plans align with the DHB requirements.</p> <p>Sufficient emergency supplies were sighted that meet the Ministry of Civil Defence and Emergency Management recommendations for the region. These include additional stored water, food, and supplies, a civil defence kit and an emergency trolley. There are emergency lights installed in case of power failure. There are a number of staff with current first aid certificates. There is always one staff member on the roster with a first aid certificate. This includes all the permanent night staff. Enough caregivers and non-clinical staff are available at all times to support people receiving services in an emergency or crisis.</p>

		<p>Call bells are located in every bedroom and bathroom. Call bells are routinely checked. There is a backup system of whistles which are kept in case the call bell system has a technical fault.</p> <p>The provider has an implemented policy relating to the security of the people receiving services and the wider facility which includes escalation processes to follow if a breach in security occurs. Sufficient security processes are in place such as doors locked each evening and external security lights. The buildings are secure with 24-hour intercom access to request entry to the facility. All visitors are required to sign in and are currently screened for Covid symptoms on entry. This includes a temperature check.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The RN is the infection prevention coordinator (IPC). The IPC reported that they have full support from the owner/manager regarding infection prevention matters. This includes time, resources, and training. The IP programme is included in the quality risk management plan of the organisation. The IPC has appropriate skills, knowledge, and qualifications for the role. Both the owner/manager and the IPC have attended education at the DHB on infection prevention and antimicrobial use as verified in training records. Monthly meetings include discussions regarding any residents of concern, including any infections. These meetings are attended by the owner/manager who remains fully informed.</p> <p>Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, the GP and public health unit, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The service is currently working on including an antimicrobial stewardship (AMS) programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	PA Low	<p>The IPC is responsible for overseeing and coordinating implementation of the IP programme. The IPC role, responsibilities and reporting requirements are defined in their job description. The IP</p>

<p>policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>programme was last reviewed in March 2020.</p> <p>Staff have received education around infection control at orientation and through ongoing annual education sessions. Education is provided by the IPC. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled.</p> <p>The IPC has input into other related clinical policies that impact on health care associated infection (HAI) risk. The IPC liaises with the owner/manager on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the DHB.</p> <p>Medical reusable devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination policy to guide staff. Annual infection control audits are completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand sanitisers, good hand washing technique and use of disposable aprons and gloves. Hand washing facilities and sanitiser dispensers were readily available around the facility.</p> <p>The Māori health plan in use has guidance to practices regarded as tapu by Māori and are applicable to IP programme. For example, kitchen sinks/tubs are not to be used for personal items (clothes) and towels used for the perineum cannot be used for the face. The RN reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these</p>
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		requirements.
<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>	Not Applicable	<p>There is an antibiotic prescribing policy with guidance in monitoring the use of antibiotics. The service monitors the use of prophylaxis antibiotics and monthly use records were maintained. The service is working towards developing, approving, and implementing an Antimicrobial Stewardship (AMS) programme which is appropriate for the size, scope, and complexity of the service.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory including Covid-19 and any identified multi-drug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The surveillance data does not include ethnicity data.</p> <p>Regular infection prevention audits were completed including, cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at monthly meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for increase or decrease and action advised.</p> <p>Residents were advised of any infections identified as were family/whānau where required. This was confirmed in short-term care plans sampled and verified in interviews with residents and</p>

		<p>family/whānau.</p> <p>There was an infection outbreak in February 2022 that was managed effectively. Appropriate documentation and notification were completed.</p> <p>The service is working towards including ethnicity data in the surveillance data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is a sufficient amount of PPE available which includes masks, gloves, and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>Designated cleaners are on site daily. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular internal audits that checks environment cleanliness. These did not reveal any significant issues.</p> <p>Caregivers and a laundry assistant are responsible for laundry services which are completed on site. Linen is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. The effectiveness of laundry processes is monitored by the internal audit programme.</p> <p>Resident surveys confirmed satisfaction with cleaning and 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</p>	FA	<p>The organisation values include promoting independence. The service has a policy of non-restraint and those interviewed stated they are committed to providing services to all residents without use of restraint. The registered nurse (restraint coordinator) and staff work in partnership with family/whānau to ensure services are mana</p>

<p>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>enhancing and use least restrictive practices. The RN interviewed described the focus on maintaining a restraint-free environment. There has not been any restraint used since the last audit.</p> <p>The RN links with the mental health services for older people service (MHSOP) and they support any resident who has challenging behaviour. Staff also have training around management of challenging behaviour with this last provided in July 2021.</p>
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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 subsection by looking at the code. For example, criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	<p>The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by management and is linked to the quality risk management plan. The infection control programme stated that the programme will be reviewed annually. The infection control programme was not reviewed annually as per organisation’s policy.</p> <p>The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and include appropriate referencing. There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient resources including personal protective equipment (PPE). Resources were readily accessible to</p>	There was no evidence of an annually reviewed infection control programme. The programme was last reviewed in March 2020.	<p>Ensure the infection control programme is annually reviewed as required by the organisation’s policy.</p> <p>180 days</p>

		support the pandemic response plan if required.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.