

Nicolson Rest Home Limited - Irwell Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Nicolson Rest Home Limited

Premises audited: Irwell Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 June 2022 End date: 9 June 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 43

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Irwell Rest Home is privately owned and operated. The service provides care for up to 60 residents at rest home level care. At the time of the audit, there were 43 residents.

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

The owner/directors (husband/wife) have owned the facility for 24 years. One of the owner/directors (husband) manages the business on a daily basis. He is supported by a care coordinator (non-clinical), who currently lives on site, a quality improvement officer, and two full-time registered nurses. The owner/directors are responsible for the operational and financial aspect of the business.

The service continues to enhance interior spaces with new furniture and carpets.

There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified improvements are required around progress note entries and staff to obtain first aid certificates.

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 staff at Irwell Rest Home ensures that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The manager and staff listen 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. Staff demonstrated an understanding of residents' rights and Treaty obligations. Residents, family members and staff stated that culturally appropriate care is provided. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaint's policies and procedures meet requirements and residents and their family/whānau are aware of the complaints process.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The quality and risk programme describes Irwell Rest Homes quality improvement processes. Progress with the quality and risk management programme has been monitored through the monthly quality improvement committee meetings and three-monthly staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. The 2021/2022 business plan includes service goals for 2022. Resident/relative meetings are held monthly. There are human resources policies including

recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The internal audit schedule for 2021 has been completed and 2022 has commenced. The service has an annual training schedule for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care. 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The nurses assess, plan and review residents' needs, outcomes, and goals. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The activities coordinators provide and implement an interesting and varied activity programme which includes resident-initiated activities in line with the service model of care. The programme includes outings, entertainment and meaningful activities as detailed in the individual activity plans created for each resident. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with

recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. There are nutritious snacks available.

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.		Some subsections applicable to this service partially attained and of low risk
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There has been a Covid exposure event and gastro related outbreak, and these have been well managed. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.

Irwell Rest Home has restraint minimisation and safe practice policies and procedures in place. There were no residents requiring restraint at the time of the audit. The service is committed to maintaining a restraint free environment. Irwell Rest Home will use restraint as a last resort, alternative methods will be trialled prior to the restraint's use. Staff receive training in restraint minimisation and challenging behaviour management.

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	25	0	1	1	0	0
Criteria	0	162	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Cultural policy and tikanga best practice guidelines provide a framework for the delivery of care which embeds Te Tiriti o Waitangi. The service had no residents who identified as Māori at the time of the audit. The manager stated while they acknowledge that there are no Māori residents at Irwell Rest Home, the service is committed to ensuring at times when they do have residents who identify as Māori that their services align to meet their needs in an equitable way.</p> <p>There is a documented commitment to recognising and celebrating tāngata whenua in a meaningful way. The service is looking at working with the Māori Health Unit at the Central Coast District Health Board (CCDHB) to provide advice and guidance on cultural matters. The service is working towards establishing meaningful relationships with a local kaumātua and Māori Chaplain.</p> <p>There are currently two Māori staff members employed at Irwell Rest Home. One of the activity coordinators identifies as Māori and guides the staff in responding to and supporting the values and beliefs of all</p>

		<p>residents. She also greets residents in te reo Māori in the daily activities programme. Treaty of Waitangi training has been provided to staff in 2022.</p> <p>Interviews with twelve staff (three caregivers, two RNs, one care coordinator, one quality improvement officer, one activity coordinator, one cook, one kitchenhand, one laundry person and one cleaner), three residents and five relatives and documentation reviewed, identified that the service puts people using the services, whānau, and communities at the centre of their services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific people's policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The service is looking at working with the Pacific Health Unit at the Central Coast District Health Board (CCDHB) to provide advice and guidance on cultural matters. The manager stated there are plans to partner with Pasifika communities, Wesley Methodist Church and Pacific Islanders Presbyterian Church to provide guidance. Cultural safety training has been provided to staff in 2021.</p> <p>There is one resident who identifies as Pasifika (Samoan) and two Samoan staff members. There are two other Pasifika (Tongan) staff members, including one of the activities coordinators. Family members of Pacific residents are encouraged to be present during the admission process and are actively encouraged to engage at the six monthly multi-disciplinary meeting or at times of their choice. The manager described how they would encourage and support any applicant that identified as Pasifika through the employment process.</p> <p>A resident who identifies as Pasifika was interviewed and stated that they were very satisfied with the support provided.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-</p>	<p>FA</p>	<p>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with care staff confirmed their familiarity with the Code. Residents and</p>

<p>determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>family members interviewed confirmed that the residents' rights are being upheld by the service. Discussions relating to the Code are held during the multi-disciplinary meetings six monthly. Interactions observed on the days of audit between staff and residents were respectful. Māori independence (mana motuhake) is recognised by staff through their cultural training programme and Māori cultural activities held on site (subject to Covid traffic light settings).</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>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy, and dignity. Staff were observed to use person-centred and respectful language with residents. Privacy is ensured and independence is encouraged with staff having had training around privacy and dignity in 2021. The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy, and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and professional boundaries. The RNs, caregivers and the activities coordinator interviewed described how they support residents to choose what they want to do. The four younger persons with disabilities (YPD) are supported to maintain their personal, gender, sexual, cultural, and spiritual identity.</p> <p>Residents interviewed stated they had choice. Families interviewed confirmed residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. Care planning and activity's goal setting includes consideration of spiritual, psychological, and social needs. A care plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the residents. Residents' files and care plans identified residents preferred names and these were used on name plaques on each bedroom door. Staff are encouraged to use te reo Māori. Caregivers interviewed understand what Te Tiriti o Waitangi means to their practice. The service described how they respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is documented. The policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Daily cares and the activity programme include people of all ethnicities and cultural days are held to celebrate diversity. All staff have received training around identifying and reporting abuse or neglect. Staff are educated on how to value the older person by showing them respect and dignity. The residents and family members interviewed confirmed that the staff are very caring and supportive. Residents are encouraged to maintain as much independence as possible. This includes engaging in household tasks, gardening, and walking as much as possible. The service provides a holistic model ensuring wellbeing outcomes for Māori.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of staff induction and ongoing training.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Families are invited to attend the monthly resident/family meeting. However throughout the Covid-19 pandemic, the service had to at times move away from resident/family meetings with the manager providing an open-door policy that encouraged residents to express their concerns. Engagement with family has continued through emails and phone calls. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed confirmed that the manager, RNs, and staff are approachable and available. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged. The younger persons with disabilities are supported to maintain communication with family and friends.</p> <p>Policies and procedures relating to accident/incidents, complaints,</p>

		<p>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. Twelve accident/incident forms were reviewed however not all relatives were informed of the accident/care incident (link 3.2.5).</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. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, then interpreter services are made available.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations, use of photographs, treatment and next of kin notification, health information release, laundering of personal clothing, outings and treatment were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where required. Certificates of mental incapacity for activation of EPOAs were signed by a medical practitioner on file where appropriate.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and procedures have been implemented. A copy of the complaint's procedure is provided to residents and relatives on entry to the service. The quality improvement officer maintains a record of all complaints, both verbal and written. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There have been five complaints received in 2021 and two in 2022 (year-to-date). All complaints included evidence of an investigation, follow-up, and correspondence with the complainant. Staff are informed of complaints in three monthly staff meetings (meeting minutes sighted). Discussions with residents and a family member confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. There were no complaints from external agencies. Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility, complaints are linked to the advocacy service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Irwell Rest Home is privately owned and operated. The service provides care for up to 60 residents at rest home level care. At the time of the audit, there were 43 residents, including three residents on respite care and four residents on a 'younger persons with disabilities' (YPD) contract. All other residents were under the age-related residential care (ARRC) contract.</p> <p>The owner/directors (husband/wife) have owned the facility for 24 years. One of the owner/directors (husband) manages the business on a daily basis. He is supported by a care coordinator (non-clinical), who currently lives on site, a quality improvement officer, a fulltime and part-time RN. The 2021/2022 business plan includes service goals for 2022 and an overview of the goals for 2021 were documented as being achieved. The 2021/2022 business plan incorporates the risk management plan and goals for each area of service delivery and organisational management. The owner/directors are responsible for the operational and financial aspect of the business. Interviews with the manager confirmed the service is committed to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. Work is underway to identify and</p>

		<p>address barriers for Māori for equitable service delivery. Tāngata whaikaha have meaningful representation through resident meetings.</p> <p>The manager has maintained at least eight hours of management training per year. The business is a member of the NZ Aged Care Association and the manager has attended zoom meetings lead by the CCDHB, Ministry of Health and Regional Public Health and has also networked with facilities in close proximity to Irwell Rest Home.</p> <p>The manager reported that in the event of the owner/director's temporary absence the care coordinator and the quality improvement officer fill the role, with support from the RNs and care staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The quality and risk programme describes Irwell Rest Homes quality improvement processes. Progress with the quality and risk management programme has been monitored through the monthly quality improvement committee meetings. The quality improvement committee meetings cover matters arising from the staff and resident meetings, health and safety, complaints, accidents/incidents and infection control, internal audits and survey results and outcomes. Meeting minutes have been maintained and staff are expected to read the minutes. Minutes for all meetings have included actions to achieve compliance where relevant. Resident/relative meetings have been held monthly unless affected by the Covid-19 pandemic. Data is collected on complaints, accidents, incidents, infection control and restraint use. This data is analysed for trends and graphed, with graphs displayed in staff areas. Staff interviewed, confirmed they are well informed and receive quality and risk management information including accident/incident graphs and infection control statistics.</p> <p>The internal audit schedule for 2021 has been completed and 2022 is being completed as per schedule. Areas of non-compliance identified at audits have been actioned for improvement. The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The service has policies/procedures to support service delivery. The policies have been developed by an aged care consultant and are</p>

		<p>reviewed and updated two yearly.</p> <p>Residents/relatives are surveyed annually (January 2021) to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. A corrective action was put in place around any improvements required, this was completed and signed off (sighted). The residents/relative's satisfaction survey has not been completed for 2020 due to the impact of the Covid-19 pandemic. Individual falls prevention strategies are in place for residents identified at risk of falls.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms are completed with evidence of resolution of issues. An up-to-date hazard register was sighted. Health and safety policies are implemented and monitored through the quality improvement committee meeting. Staff stated that they are kept informed on issues related to health and safety. A physiotherapist is available if required (contracted as needed). Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the staff meetings. Twelve resident related accident/incident forms were reviewed (April and May 2022). Each event involving a resident reflected a clinical assessment and follow-up by the RN or GP, however progress notes are not always maintained by a registered nurse following incidents. Post fall assessments are completed by RNs for any unwitnessed resident falls with a potential head injury. This is documented in the resident's progress report.</p> <p>Discussions with the owner/manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31 notifications. There have been no section 31 notifications lodged since the last audit. There have been two outbreaks since the last audit, a gastro outbreak in December 2020 and a Covid-19 outbreak in March 2022. Public health authorities were informed at the time of the outbreaks. The service ensures that their health care delivers quality health care for Māori and improves health equity through analysis of organisational</p>
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		practices.
<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>Irwell Rest Home has a staffing policy and staff contingency shortfall plan that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing rosters were sighted and there is an adequate number of staff on duty to meet the resident's needs on different shifts and for both floors of the facility. The manager stated that there were significant staff shortages during the Covid-19 outbreak, the CCDHB assisted with staffing during this period. The owner/directors live locally and are available on call 24/7 for any operational issues. The RNs provide on-call for any clinical issues. The care coordinator (non-clinical) lives on site and works 40 hours per week. Position descriptions reflect expected behaviours, values and the role and responsibilities.</p> <p>At the time of the audit there were 13 residents upstairs and 30 residents' downstairs. There are two RNs available, one works 40 hours per week from Monday to Friday and the other RN works 32 hours a week from Monday to Thursday. They are supported by five caregivers on the morning shift (two upstairs and three downstairs), five caregivers on the afternoon shift (two upstairs and three downstairs) and two caregivers on the night shift (one upstairs and one downstairs). Caregivers, residents, and family members interviewed, advised that sufficient staff are rostered on for each shift.</p> <p>There is not always a first aid trained staff member on duty 24/7 as there was no first aid trained staff member on duty for the Tuesday and Wednesday afternoon shifts. The manager also did not have a current first aid certificate, which is required as he drives the residents out on trips in the facility van (link 4.2.4).</p> <p>There is an annual education and training schedule in place. The education and training planner covers compulsory education requirements over a two-year period. Training is delivered via zoom links to staff and also by watching interactive YouTube videos. Staff attendances have increased due to these interactive training sessions. The RNs have attended education sessions at the DHB. Both RNs have completed interRAI training. Training, support,</p>

		<p>performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. There were 21 caregivers in total (three have completed NZQA level four certificate, eight with level three certificate and three with level two certificate)</p> <p>Competencies are completed by staff including medication, hand hygiene, infection control, fire and emergency training, health, and safety etc. A record of completion is maintained in each staff members files. The manager and RNs have completed at least eight hours training in the past year. The service is working to provide staff with the most recent literature on Māori and Pasifika health information and enable them to use this evidence and learn with their peers.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Seven staff files (one care coordinator, two RNs and four caregivers) were reviewed. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and suitability for the role. Six of the seven staff had been employed for over one year and all had a current annual appraisal completed. The new staff members file reviewed included a completed orientation checklist. A current practising certificate was sighted for the RNs.</p> <p>The service has an orientation programme in place to provide new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff are adequately orientated to the service. There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Wellbeing support is provided to staff following any incident/accidents.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff could describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner. Resident files and the information associated with residents and staff are retained in hard copy only.</p> <p>There is an overarching policy and related procedures that cover the information management system. Electronic information (e.g. policies and procedures, quality reports) are routinely backed-up and password protected. As part of the internal audit programme, the service regularly monitors their records including the quality of the documentation including care plans, assessments, and the effectiveness of the information management system.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the quality improvement officer, care coordinator and a registered nurse.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The registered nurses described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available. A thorough entry process maximises a degree of compatibility between residents /consumers in the facility. Due to the size of the service, entry and decline data related to ethnicity can be easily extracted when required and this also pertaining to Māori. The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The service keeps records of prospective residents and families that viewed the facility, these</p>

		<p>records do not currently capture ethnicity. The service is actively working towards gathering specific decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had seventeen vacancies. The service receives referrals from the NASC service, the DHB, and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Irwell rest home which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and whānau-centred approach to services provided. Interviews with residents and family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service currently use their Māori staff and the Māori unit at the DHB to create meaningful partnerships to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana Motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Seven resident files were reviewed, (including a younger person with an intellectual disability (YPD) and one on respite care). The registered nurses are responsible for conducting all assessments and for the development of care plans. The care plans support the service model of care 'caring for the elderly in a family environment'.</p> <p>There is a section on the long-term care plan where whānau/resident sign to evidence their involvement in the interRAI assessments and long-term care plans. The service developed a policy and flow chart (pathway) to support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a range of assessment tools contained in a paper-based file in order to formulate an initial support plan, completed</p>

	<p>within 24 hours of admission. The assessments include dietary details, emotional needs, spirituality, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Cultural needs, values, and beliefs are considered. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes for all residents. Evaluations were completed six monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly.</p> <p>The YPD resident had an interRAI and long-term care plan completed within the stated timeframes and cover detailed interventions regarding the resident's communication needs.</p> <p>The respite resident was recently discharged from hospital and had an initial care plan and assessments developed within 24 hours and address the mobility and pain management.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits the service weekly and more if required and provides out of hours cover and on call. The GP (interviewed) commented positively on the care and communication. Several specialist referrals are initiated and sighted in the files reviewed and include referrals to cardiology, urology, and plastic surgery. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist when required and a podiatrist visits regularly. Specialist services including mental health, dietitian, speech language therapist, district nurse for wound care and continence specialist</p>
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		<p>nurse are available as required through the local DHB.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. The caregivers interviewed confirmed other means of communication include a diary and communication book. Progress notes are written and maintained by the caregivers but not always maintained by the registered nurses. The nurses will further add to the progress notes if there are any incidents or changes in health status however this was not evident in three files reviewed.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes however this was not always consistently documented in the progress notes or on the incident forms.</p> <p>There were four current wounds including two skin tears and two chronic lower leg diabetic ulcers. All wounds reviewed had comprehensive wound assessments including photographs to show healing progress (where required). A wound register and wound management plans are available for use as required. There is access to the wound nurse specialist via the DHB. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the registered nurses maintain charts where required and include bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs two activities coordinators that share the role from Monday-Friday 9am to 5pm who lead and facilitate the activity programme. A weekly activities calendar is posted on the noticeboards. Families are also kept informed of activities and upcoming events via email which facilitates family/whānau attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities are visited for one-on-one sessions. All activities observed on the day of the audit evidenced activities are well attended through continuous encouragement from the activity's coordinator.</p> <p>Each resident has an individual activity care plan. Younger residents have age-appropriate activities documented, including the use of technology and supported community access. One younger resident goes out regularly into the community. All residents have big button phones in their rooms and caregivers will assist and support communication with families. The activity plans sampled were comprehensive and reviewed at least six-monthly.</p> <p>The service provides a range of activities such as crafts, exercises, bingo, walking group, quizzes, sing-alongs, movies, and weekly van trips with the owner/manager. The owner is working towards obtaining a first aid certificate (link 4.2.4). Residents enjoy scenic drives. Community visitors include entertainers and church services. Themed days such as Matariki, Waitangi, Anzac Day and the Queen's jubilee are celebrated with appropriate resources available. Cultural</p>

		<p>themed activities are integrated into the activities programme. The activities coordinator confirmed that the calendar and activities are flexible, and more Māori appropriate activities can be added when Māori residents are admitted to the service. Staff and residents are encouraged to use te reo through participation in e Wiki o Te Reo Māori.</p> <p>Families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management and storage that meet legislative requirements. All clinical staff (registered nurses and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Most of the residents are on regular medications. Where 'as required' controlled medication is prescribed, the registered nurses will complete a pain assessment.</p> <p>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. Effectiveness of 'as required' medication is documented on the medication chart and in progress notes. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys and in a medication cupboard in the office. The medication fridge is monitored as required, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, are reviewed, and prescribed by the GP.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident</p>

		<p>medication charts three monthly and each drug chart has a photo identification and allergy status identified. There were no residents that self-medicate medications. No standing orders were in use and no vaccines are kept on site.</p> <p>There was not always documented evidence in the progress notes that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects (link 3.2.5). The registered nurses described how they will work in partnership with Māori residents (if any) to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to 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>The cook oversees the on-site kitchen and is supported by another cook and kitchenhands. All cooking is undertaken on site seven days per week. There is a seasonal rotating menu, which has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses or caregivers.</p> <p>The kitchen is able to meet the needs of residents who require special diets. The kitchen team leader (interviewed) works closely with the registered nurses on duty. The service provides for residents requiring modification of food. Lip plates are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated centrally, with meals being served directly from the kitchen to the adjacent dining room. A tray service to resident’s rooms is also available as required.</p> <p>The main dining room is spacious and located adjacent to the kitchen/servery area. There is also a smaller dining room available for residents’ who choose to use them.</p> <p>There is a food control plan expiring 1 August 2022. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges.</p>

		<p>Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Resident meetings, and one to one interaction with residents in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents can easily be included in the menu when required. Access to nutritious snacks are available for the residents if they need this.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies where indicated or requested. The discharge documentation from public hospital were on file however there was not always an entry in the progress notes to indicate that the resident was received back into the service (link 3.2.5).</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</p>	FA	<p>Irwell rest home is a two-storey building. The building holds a current warrant of fitness which expires 2 November 2022. The owner/manager is on site Monday to Saturdays plus on-call after hours. There are maintenance request forms available, and these are uploaded to an electronic platform 'memo' for final sign off. There is an annual building maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and two weekly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has been completed and medical equipment, scales are</p>

<p>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>next due for checking and calibration in April 2023.</p> <p>There are 38 rooms downstairs. There is lift and stair access to the 22 beds located on the first floor, the lift is easily accessible with the dining room near the lift. The lift is wide enough to accommodate ambulance transfer equipment.</p> <p>The exterior has been well maintained with safe paving, outdoor seating with shade, lawn, and gardens. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. There is destination seating in the corridors. Residents were observed moving freely around the areas with mobility aids where required. All outdoor areas have seating and shade. There is safe access to all communal areas with resident access all around the building. Caregivers interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>All rooms are single occupancy and have ensuited facilities. There are also separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs.</p> <p>Residents are encouraged to personalise bedrooms as viewed on the day of audit.</p> <p>There is a small lounge with library and activity resources, in addition to two main lounges. Activities take place in any of the lounges. All communal areas are easily accessible for residents with mobility aids with ramp access. There are also decorations and artwork throughout facility. There are not any new development projects planned but the owner/manager explained that consideration will be given to reflect the aspirations and identity of Māori when required.</p> <p>All bedrooms and communal areas have ample natural light, ventilation and heating that can be adjusted individually.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA low</p>	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place in May 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified storeroom. In the event of a power outage there is back-up power available, a small emergency generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including an 18000-litre water reticulating tank to provide residents and staff with the required twenty litres per day for a minimum of seven days. There is a separate food storage near the kitchen with emergency food supplies for at least one week. There is not always a person trained in first aid on each shift.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal, which are both audible and show on display panels located throughout the facility.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally, external doors are alarmed.</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</p>	<p>FA</p>	<p>The quality improvement officer oversees infection control and prevention across the service with support from the director. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the</p>

<p>of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>quality team and infection control audits are conducted. Infection matters are raised at combined staff and quality meetings. Infection rates are presented at the meetings and discussed. Infection control is part of the strategic and quality plans. Both owners are actively involved in the service and attend quality meetings where infection prevention, surveillance data including antibiotic use, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with IP are discussed. The owner and director support where more resources are required.</p> <p>The service has access to an infection prevention clinical nurse specialist from the DHB. The GP provides information regarding antibiotic use. Visitors and contractor's complete rapid antigen tests (RAT) prior to visiting relatives.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and residents (where consent given) are fully vaccinated against Covid-19. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. 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>FA</p>	<p>The designated infection control (IC) coordinator has been in the role for more than two years, with extensive clinical experience (not a registered nurse, however, has oversight and is supported by the registered nurse). During Covid-19 lockdown there were regular meetings with the DHB which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online MOH infection training and there is further education planned. There is good external support from the GP, laboratory, and the IPC lead at the DHB. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra PPE equipment as required. The quality improvement officer has input into the procurement of good quality medical supplies.</p>

		<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the owner and infection control coordinator. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service IPC policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use packs when required and creating an environment to prevent contamination from pathogens.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>The owner interviewed stated their commitment for early-stage consultation with the infection control coordinator if and when new building or internal designs are planned.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is</p>

<p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP is actively involved in monitoring the quality and quantity of antimicrobial prescribing.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Irwell Rest Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at combined quality and staff meetings. The owners are actively involved in the quality meetings</p> <p>The service is incorporating ethnicity data into their newly reviewed surveillance document. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from the local DHB for any community concerns.</p> <p>There has been one gastro outbreak in December 2020 and a Covid exposure event in March 2022 where a number of staff and residents were affected. All have recovered well. The facility followed their pandemic and outbreak management plan successfully. The owners were actively involved in the management of the outbreaks. Public health notifications were completed and the DHB was notified for support. Families were kept informed by phone or email. Residents shared their experiences following the outbreaks, at the resident meetings.</p>
<p>Subsection 5.5: Environment</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored</p>

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice in the laundry. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site. The laundry has a clean and dirty flow and a separate area for folding and sorting. The laundry is operational seven days a week. Laundry assistants are responsible for unpacking the clean laundry and putting linen into linen cupboards, personal laundry into baskets and returning this to residents' rooms. There is one laundry assistant on each morning till 3pm. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. The laundry assistant interviewed was knowledgeable regarding their responsibilities.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. The infection control coordinator has input and provides advise into the laundry and cleaning processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Irwell Rest Home has restraint minimisation and safe practice policies and procedures in place. The restraint policy and procedure inform the delivery of services to avoid the use of restraint. The use of alternative methods is a focus of the policy. The policy includes holistic assessment processes of the person, care plan, and information on avoiding the use of restraint. There were no residents requiring restraint at the time of the audit.</p> <p>The service is committed to maintaining a restraint free environment. Irwell Rest Home will use restraint as a last resort, alternative methods will be trialled prior to restraint use. There is a restraint coordinator job description. Staff receive training in restraint minimisation and challenging behaviour management.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-</p>	<p>PA Moderate</p>	<p>Care plans are evaluated six monthly and documented the progress towards goals. Short term care plans are utilised for acute short-term issues and is regularly reviewed, if the condition persist beyond six weeks, it will be transferred to the long-term care plan. Reassessments are completed when needs change.</p> <p>Continuity of care is communicated and promoted through handovers, a communication book and diary and progress notes. Daily progress notes are maintained by the caregivers, however, registered nurse entries are inconsistent. In three files reviewed there were more than 21 days between nurse entries. There was not always documented evidence of next of kin contact following adverse events (ten of twelve adverse event forms sighted), doctor visits and medication changes. Progress notes</p>	<p>(i). Progress notes are not always maintained by a registered nurse following incidents, nurse evaluations, next of kin contact, changes in health care (after discharge from hospital.</p> <p>(ii). Progress notes do not evidence regular registered nurse review of care delivered by caregivers.</p> <p>(iii). Progress notes are general and do not always give an accurate reflection of the resident’s care journey.</p>	<p>(i)-(ii). Ensure registered nurses maintain progress notes and evidence regular review of care delivered by caregivers.</p> <p>(iii). Ensure progress notes evidence an accurate record of the care delivered.</p> <p>60 days</p>

<p>assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>or elsewhere did not always provide evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed. Caregivers interviewed are very knowledgeable about the care needs of the residents. Relatives and residents interviewed felt informed about the care and their medication needs or changes.</p>		
<p>Criterion 4.2.4 Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Low</p>	<p>Seven staff files and the roster were reviewed. There were two days on the roster where there is no staff with a first aid certificate available. The risk for this criterion is assessed as low as the care coordinator (level 3 caregiver) has 23 years' experience at Irwell Rest home has a first aid certificate and lives on site, however there are times that she might not be available. Residents enjoy weekly van trips with the owner/manager. The owner did not have a current first aid certificate.</p>	<p>(i) There are two days on the roster where there are no staff members with a first aid certificate available. (ii) The person responsible for transporting residents did not have a valid first aid certificate.</p>	<p>(i) Ensure there is at least one person with a first aid certificate on each shift. (ii) Ensure the person who is responsible for transporting residents has a current first aid certificate. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.