

Chetty's Investment Limited - Glenbrook 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Chetty's Investment Limited

Premises audited: Glenbrook Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 22 June 2022 End date: 23 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: 21

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

Glenbrook Rest Home provides rest home services for up to 22 residents. The service is operated by Chetty's Investment Limited. It is a privately owned business, bought by the current owner in 2018. There have been no significant changes to the service since the last certification audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contract with the district health board. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau members, the owner/manager, staff, and a general practitioner. Clinical oversight of the facility is managed by a registered nurse. Residents and family/whānau were complementary about the care provided.

Improvements are required in three areas related to resident and staff meetings, analysis of data, aspects of ongoing education, and issues relating to PRN medication.

Ō tatou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
--	--	---

Glenbrook Rest Home works collaboratively to support and encourage a Māori world view of health in service delivery. There is a cultural safety policy to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs based on Te Tiriti o Waitangi. The policy does not describe how equity and effective service delivery based on the principles of mana motuhake will be delivered, though the principles of mana motuhake practice was evidenced in service delivery. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code). All staff receive in-service education on the Treaty of Waitangi and the Code of Health and Disability Services Consumers’ Rights (the Code).

The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in daily service delivery. Consent is obtained where and when required. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making. Advance directives are followed wherever possible.

The right of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld. Complaints processes are implemented, and complaints and concerns are actively managed, well documented, and resolved in a timely manner.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
---	--	--

The owner/manager of Glenbrook Rest Home assumes accountability for delivering a high-quality service with the support of a registered nurse. Currently meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities is not being implemented. The owner/manager is looking at ways to implement meaningful inclusion in the future.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated; however, trends are not analysed over time. Staff are involved in quality activities through staff meetings but there is no vehicle for information to be given to staff if meetings are unable to take place. Residents and families/whānau provide feedback via resident meetings and through the resident satisfaction survey. Resident meetings are not always undertaken as scheduled.

Adverse events are documented with corrective actions implemented. The service complies with regulatory reporting obligations. While the service understands its obligations in recruitment of Māori in line with the Ngā Paerewa standard, it has not yet fully considered how this might be achieved.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. There is an education/training process in place for staff, this does not, however, cover all the requirements of the Nga Paerewa standard.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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>
--	--	--

Entry processes are efficiently managed by the owner/manager and the registered nurse. Qualified personnel assess residents on admission. The service works in partnership with the residents and their family/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.

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

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

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and a planned and reactive building maintenance programme. Electrical and functional equipment have been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Residents' rooms are spacious and personalised.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular six-monthly fire drills. Staff, residents and whānau understood emergency and security arrangements. There is always a staff member on duty with a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

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


An implemented infection prevention (IP) programme is in place that is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme which is reviewed annually.

The service is not currently monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration, the occurrence of adverse effects, nor is it identifying areas for improvement through evaluation of antimicrobial stewardship activities.

Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
--	---	--

The service is a restraint free environment. This is supported by the owner/manager and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, monitoring process, and review process is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, alternative intervention, and monitoring.

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	23	0	2	2	0	0
Criteria	0	151	0	3	2	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>Glenbrook Rest Home (Glenbrook) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Whilst Manu Motuhake is not specifically mentioned in policy documents, residents and whānau interviewed reported that staff respected their right to self-determination, and they felt culturally safe. Examples of equity approaches for Māori were provided during the audit.</p> <p>An evidence-based Māori health plan is in place, and this is used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Interviews with the Māori residents confirmed that the service is actively supporting their needs and aspirations. Staff interviewed described how care is based on the four cornerstones of Māori health Te Whare Tapa Whā.</p> <p>The service supports increasing Māori capacity by employing more</p>

		<p>Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. There is currently one Māori staff member (a health care assistant) who confirmed culturally safe support and that mana is respected. Ethnicity data is gathered when staff are employed, but this is not yet being analysed at a management level.</p> <p>The service has links with a Māori health support person through Counties-Manakau District Health Board (CMDHB) but does not yet have links to iwi or (local) mana whenua organisations beyond their one staff member and the family/whānau of their two Māori residents (one of which chooses not to identify as Māori).</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>	FA	<p>Glenbrook currently has no residents who originate from a Pacific people. Should a Pasifika resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There is support for Pasifika residents via a number of local Pasifika organisations. Interview with the organisation's owners confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p> <p>The service supports increasing Pasifika staff capacity across differing levels of the organisation as vacancies and applications for employment permit. There are currently nine staff members who originate from a Pacific people across all levels of the organisation, including governance and management.</p> <p>The service has links with a Pasifika health support person through Counties-Manakau District Health Board (CMDHB) and to local communities through its nine staff members who originate from various Pacific Islands, should this be required.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-</p>	FA	<p>All staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process as was verified in staff files and interviews with staff. Ongoing training on the Code was not demonstrated (refer criterion 2.3.4). Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and Māori</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>languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters are prominently displayed on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation is provided by staff on admission. The Code pamphlets are provided to residents as part of the admission process. The admission agreement has information on residents' rights and responsibilities. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by involving residents, family/ whānau or their representative of choice in the assessment process to determine residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>PA Low</p>	<p>Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Visitors' toilets and shared bathrooms had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible, for example making their own bed and completing their personal cares if able, they can freely attend activities of choice in the community should they choose to do so. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices. Only two residents' meetings were held over the past nine months and the management team run these meetings therefore not giving the residents an opportunity to discuss issues they may have independently.</p> <p>There was evidence that residents who identify as Māori have their individual cultural values and beliefs were identified and documented. These residents and their family/whānau responded positively and stated that their cultural needs, values and beliefs were met in a respectful manner and they are encouraged to manage their affairs autonomously where appropriate.</p>

		<p>The cultural safety policy supports te reo, tikanga Māori and tāngata whaikaha participation in te ao Māori. Staff and residents were encouraged to pronounce commonly used Māori language words, particularly during Māori language week. Staff have received training on the principles of the Treaty of Waitangi and equity is included in the cultural safety training. The owner/manager is enrolled in an online Certificate in Tikanga Māori (He Papa Tikanga) for professional development and to improve their knowledge. The cultural safety document has procedures to ensure recognition of Māori values and beliefs and staff were aware of these procedures. Guidance on tikanga best practice is available. The registered nurse (RN) stated that additional advice can be accessed through the CMDHB if required.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Professional boundaries, code of conduct, misconduct, discrimination, and abuse and neglect information is included in the staff employment handbook. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation, including institutional racism. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect, exploitation or racism.</p> <p>Residents' property is labelled on admission. The RN stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimisation; these include the complaints management processes and the satisfaction survey. Residents and staff expressed that they have not witnessed any abuse or neglect, and residents reported that they are treated fairly, and they feel safe. Residents are encouraged to have a comfort fund that is kept safe in the office; they can access their money as desired.</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</p>	FA	<p>Residents are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. This was observed on the days of the audit and confirmed in</p>

<p>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>interviews with residents. Communications and referrals with allied health care providers was recorded in residents' records. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and medical reviews. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.</p> <p>Information provided to residents and family/whānau is mainly in the English language. However, the RN stated that information can be accessed in other languages if required. Interpreter services are engaged through CMDHB as required. Written information and verbal discussions are provided to improve communication with residents and their family/whānau. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the owner/manager. Residents and family/whānau confirmed that open communication is practised, the owner/manager and RN are approachable and responsive to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>There is a diverse range of staff who speak a variety of languages, who can be utilised where appropriate. Family/whānau may assist with interpretation where appropriate. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow.</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</p>	<p>FA</p>	<p>Staff understood the principles and practice of informed consent. Informed consent was obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consent for residents who were not competent to make decisions were signed by the residents' legal representatives. Resuscitation treatment plans were signed by residents who are competent and able to consent and by the general practitioner (GP) for residents who were unable to provide consent.</p>

<p>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>The RN reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau as verified in interviews with residents, their family/whānau and the GP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved for example family/whānau, with the resident's consent. The RN reported that residents are offered a support person through the advocacy services when required. During the admission process residents provide information on their representative of choice, next of kin, or enduring power of attorney (EPOA). These were documented in the admission records sampled. Communication records verified inclusion of support people where applicable.</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>Policy and procedure outline the process for complaints, including specifying considerations for Māori.</p> <p>A fair, transparent, and equitable system is in place to receive and resolve complaints and leads to improvements. This meets the requirements of the Code. The owner/manager maintains a record of all complaints in a complaint register. Complaints information is given to residents and family/whānau on admission along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy. Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There have been four complaints logged in the last 12 months. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Corrective actions (where possible) have been identified and implemented. There have been no complaints received from external sources since the previous audit.</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>The owner/manager assumes accountability for delivering a high-quality service with support from an RN. Planning includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals; the plan is reviewed annually or as required.</p> <p>Organisational goals aim for integrated service delivery and mana motuhake values are embedded into all levels of practice for all residents. Policy outlines the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha; an example of practice was noted during the audit which supported an improved outcome and equity for a Māori resident (the service had no Pacific people or tangata whaikaha residents at the time of audit). The RN has a current practising certificate and oversees clinical management for the service. External support for te ao Māori and Pacific peoples is available from staff though input from external Māori organisations (beyond CMDHB) is not currently available to the service. Health plans align with Te Whare Tapa Whā and Ola Manuia, as well as peoples from other ethnic backgrounds.</p> <p>A sample of management reports showed adequate information to monitor performance is collected. The owner of the service and the RN confirmed knowledge of the sector, regulatory and reporting requirements, and they maintain currency within the field. The registered nurse has been employed within aged care for a number of years and the owner/manager for four years.</p> <p>The management team works with staff to meet the requirements of relevant standards and legislation. A monthly report is presented to staff meetings, attended by the owner/manager and the RN, that outline an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. A sample of staff meeting minutes showed adequate information to monitor performance is reported at these meetings. These are scheduled to be held monthly, however, there are gaps within the monthly meeting schedule and there is no vehicle to report adverse events etc. to staff if these are not held, nor are trends analysed to address shortfalls requiring corrective action (refer criterion 2.2.1 and 2.2.3). Critical and</p>
---	-----------	---

		<p>significant events are reported immediately. The management team also evaluates services through meetings with residents (refer criterion 1.4.1), and through resident surveys.</p> <p>The service holds contracts with CMDHB for the provision of rest home services. Twenty-two (22) residents were receiving services under this contract at the time of audit.</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>PA Low</p>	<p>The service has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident and staff²² satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls elicited from internal audit activities. Whilst information is collected from adverse and other events, trends are not analysed to support ongoing evaluation and progress across the service's quality outcomes (refer criterion 2.2.3).</p> <p>The owner/manager and RN described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Residents and staff contribute to quality improvement through being feedback given and received on quality data, complaints, and internal audit activities. These meetings, however, are not always taking place as scheduled (refer criterion 1.4.1 and 2.2.1). Outcomes from the last staff satisfaction survey (2020) and resident satisfaction survey (2022) were favourable with no corrective action required.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. The owner/manager and RN understand and have complied with essential notification reporting requirements. There have been no section 31 notifications completed since the last audit.</p>

<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the needs of residents. Health care assistants reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. All care staff have a current first aid certificate and there is Monday-Friday RN coverage in the facility who is available on-call after hours and at the weekend.</p> <p>The RN is supported by an enrolled nurse (EN) and health care assistants. The EN works three days per week, is newly recruited, and has just commenced orientation. The facility has recently moved to 12 hour shifts for caregiving staff due to the difficulty it is facing recruiting caregiving staff. The day shift has one RN (who works eight hours and assists with care activities for the residents), one caregiver, and one housekeeper who is responsible for cleaning and laundry and assists with bedmaking. During the afternoon another caregiver is onsite (after the end of the RN shift), one or both caregivers are medication competent. There is one caregiver overnight who is supported by an on-call caregiver who lives onsite if there is an emergency or if assistance is required. Recreational activities are provided by an activities coordinator who works Monday to Friday. Cleaning, laundry, and food services are carried out by dedicated support staff seven days per week. Four weeks of roster were reviewed; there were no shifts that were not covered and, while staff were working extra shifts, there were no staff working excessive hours.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio. Continuing education is planned on an annual basis but not all education requirements were covered by the programme (e.g., code of right, complaints management, sexuality and intimacy). Added to this, no education has been completed in 2022 and training in 2021 was sparsely attended with some staff not meeting the annual eight hours required. Competencies for medication, manual handling, fire and emergency management (including fire drills), first aid, chemical safety, food handling, and</p>
--	--------------------	--

		<p>pandemic planning (including the use of personal protective equipment (PPE)) have been completed for all relevant staff.</p> <p>The service has, however, embedded cultural values and competency in their training programmes, including information on equity, cultural safety, Te Tiriti o Waitangi, and tikanga practices. One staff member who identifies as Māori staff confirmed that culturally competent care is delivered equitably to Māori residents.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of six staff records were reviewed (one RN, one EN, two health care assistants, one housekeeper, and one cook) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. Staff performance is reviewed annually.</p> <p>Staff information is secure and accessible only to those authorised to use it. The service understands its obligations in recruitment in line with the Ngā Paerewa standard. Ethnicity data is collected for staff.</p> <p>A register of practising certificates is maintained for the RN, EN, and associated health contractors (e.g., general practitioners (GPs), podiatrist and pharmacy).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
Subsection 2.5: Information	FA	All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The

<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>clinical notes were current, integrated, and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>Glenbrook uses a paper-based information management system for clinical files and uses the electronic system for medication management and interRAI assessment. Records were legible with the name and designation of the person making the entry identifiable. InterRAI assessment information is entered into the Momentum electronic database and reports are printed and kept in individual residents' files. Staff have individual passwords to access the electronic systems. The service provider is not responsible for National Health Index registration.</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>The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry. Information about the service can be accessed online on Eldernet and other platforms such as the aged advisor website. Enquiries are managed by the owner/manager and the RN. Information about the services provided can be explained and discussed with the enquirer as required. 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 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).</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 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. However, routine analysis to show entry and decline rates that include specific data for entry and decline rates for Māori is still to be implemented. The pre-admission and pre-entry policy states that prior to a Māori individual entry, the prospective resident's needs and wishes will be discussed with input from Māori communities and organisations. One of the GPs identifies as Māori and they stated that Māori health practitioners or traditional Māori healers will be consulted if required and the GP will monitor for adverse medication interactions as required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The RN is responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs. The enrolled nurse works under the direction of the RN.</p> <p>InterRAI assessments were completed within three weeks of an admission. 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 or enduring power of attorney (EPOA) where appropriate, 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 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. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>Cultural guidelines were used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The assessment process 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. A Māori resident within the service confirmed that the service is actively working towards removing barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision. An example was provided by a resident where they were offered a room that is suitable to meet their needs without paying the extra fee that would normally be required for the room.</p> <p>The service has contracted two GPs from the local medical centre to provide medical services. Medical assessments were completed by the GPs within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GPs. Records of referrals made to the GPs when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that</p>
--	---

		<p>medical orders were followed, and care was implemented promptly.</p> <p>Residents' care was evaluated on each shift in the progress notes by the healthcare assistants. Any changes noted were reported to the RN, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for any events and identified acute resident care needs. 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.</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>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>	FA	<p>The activities coordinator oversees the activities programme. Residents' activity needs, interests, abilities, and social requirements are assessed within the first two weeks of admission with input from residents and family/whānau. The activities programme is reviewed through satisfaction surveys and in residents' 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 resident's ability. This was evident in the records sampled.</p> <p>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 exercises, van trips, senior</p>

		<p>citizens club outings, church services, external entertainment, walks, kapa haka performances from local schools, Matariki craft, and birthday celebrations. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi Day celebrations and Chinese New Year. Activities attendance records were maintained. Residents were observed participating in a variety of activities 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 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>PA Moderate</p>	<p>The implemented medicine management system is appropriate for the scope and size 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. The caregivers were 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. However, evaluation of effectiveness of administered “as required” (PRN) medicines was not being completed. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>The three-monthly medication reviews were consistently recorded on the medicine charts sampled. The GP stated that over-the-counter medication and supplements shall be considered as part of the person’s medication. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. 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.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of</p>

		<p>weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau, are supported to understand their medications when required. The GP and RN reported that when requested by Māori, appropriate support and advice is provided.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required.</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>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 two cooks and is in line with recognised nutritional guidelines for older people. Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian in October 2020. The food is served through the kitchen server to the residents in the dining room. Residents who chose not to go to the dining room for meals had meals delivered to their rooms.</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 safety plan and registration issued by Ministry for Primary Industries. The current custom food control plan will expire in November 2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention</p>

		<p>measures during food preparation and serving.</p> <p>Residents' weight is monitored monthly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The cook reported that menu options for residents who identify as Māori will be offered when required. The menu includes culturally specific food like boil ups. Whānau/family are welcome to bring culturally specific food for their relatives. A resident who identifies as Māori expressed no concerns with the meals provided.</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. Confirmation of residents' satisfaction with meals was verified by residents, satisfaction survey 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 in consultation with the resident, their family/whānau and the GP. A transfer form is completed when transferring residents to acute services. 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.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The 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 archived in a secure area and the resident is discharged</p>

		<p>from the electronic information management system.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. The RN reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the GP or RN. Examples of referrals completed were in residents' files sampled, including to the eye specialists and wound nurse specialist. The resident and the family were kept informed of the referral process, reason for 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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weighing scales and clinical equipment. Monthly hot water tests are completed for resident areas and were below 45 degrees Celsius. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 31 May 2023. There are currently no plans for further building projects requiring consultation.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident group. There are shared dining room and lounge facilities. Lounge areas are used for activities for residents. Outdoor areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, all rooms have an ensuite toilet and handbasin.</p> <p>Residents' rooms are personalised according to their preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. Corridors are wide and promote safe mobility with the use of mobility aids and handrails, residents were</p>

		<p>observed moving freely around the areas with mobility aids during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Fire, civil defence, and pandemic plans and policies direct the facility in their preparation for challenges. These described the procedures to be followed as well as the duties required by staff (e.g., as fire wardens). Staff have been trained and those interviewed knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service on 13 November 2017. A fire evacuation drill was last held on 15 June 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage cooking facilities are available. There are adequate supplies in the event of a civil defence emergency water; water to the facility is provided by a bore. Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person trained in first aid is always available on site.</p> <p>Call bells alert staff to residents requiring assistance, these are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the internal audit programme. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Security arrangements are in place, the building is secure at all times. Information about security and emergency procedures given to residents and their family/whānau on admission to the facility.</p> <p>Visiting is not restricted under the COVID-19 orange setting, precautions are being taken with rapid antigen testing (RAT) prior to entry to the facility.</p>
Subsection 5.1: Governance	FA	<p>The infection prevention and control coordinator (IPCC) is the RN. The IPCC is responsible for overseeing and implementing the IP</p>

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>programme with reporting lines to the owner/manager, who is on site working alongside the RN. The infection prevention and control (IPC) programme is linked to the quality improvement programme that is reviewed and reported on annually, there antimicrobial stewardship (AMS) programme is not yet fully implemented. The service is working towards monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects, and identifying areas for improvement and evaluating the progress of AMS activities. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>Significant IP events are managed through the incident/accident process and filter through into the risk management and quality surveillance process. The CMDHB and the facility's GPs are available should advice be needed on IPC or AMS concerns.</p> <p>The IPC policies are provided by an external advisory company and reflected the requirements of the standard and are based on current accepted good practice; policies include AMS requirements. Cultural advice is accessed where appropriate. Staff were familiar with policies and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</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</p>	<p>FA</p>	<p>The RN oversees and coordinates the implementation of the (IPC) programme. The infection control nurses' role, responsibilities and reporting requirements are defined in the infection control nurse's job description. The infection control nurse has completed education on infection prevention and control in June 2022. They have access to shared clinical records and diagnostic results of residents.</p> <p>The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the owner/manager and is linked to the quality improvement programme. The IPC</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>programme is reviewed annually, it was last reviewed in January 2022.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>The RN has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual education sessions. The infection control nurse provides education. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in interviews with residents.</p> <p>The infection control nurse liaises with the owner/manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the CMDHB. The infection control nurse stated that they will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this hasn't been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and</p>
--	--

		<p>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 and sanitiser dispensers were readily available around the facility.</p> <p>The owner/manager stated that the facility has links with the local iwi for the sewer system as a council requirement and they can be consulted if required for residents who identify as Māori. The RN reported that residents who identify as Māori will be consulted on IPC requirements as needed. In interviews, staff understood these requirements. There were no educational resources in te reo Māori and the RN reported that these will be sourced.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antibiotic prescribing policy to guide the use of antimicrobials. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity). Responsible use of antimicrobials is promoted. Monthly records for infections were maintained, however there was no evidence of monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects, and identifying areas for improvement and evaluating the progress of AMS activities.</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-</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 action plans are implemented. The HAIs being monitored include infections of the urinary tract, oral/dental, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Surveillance records did not include ethnicity data.</p>

<p>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>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 audits outcomes at staff meetings (refer criterion 2.2.1). Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised; trend analysis is not in place (refer criterion 2.2.3). Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There was no infection outbreak reported since the previous audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>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 and the cleaning room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There was 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>A designated cleaner and laundry staff are onsite daily. The facility was observed to be clean throughout. The cleaner has attended training appropriate to their roles. There are regular internal audits to monitor environmental cleanliness. These did not reveal any significant issues. Laundry services are completed on site. The laundry 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 and residents confirmed satisfaction with cleaning</p>

		and laundry processes.
<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>	FA	<p>Glenbrook is a restraint free environment. Restraint has not been used in the facility since 2018. The owner/manager and the RN described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and therefore upholding the 'mana' of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator (RC) is a defined role undertaken by the RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role. The education programme for Glenbrook includes least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme (refer criterion 2.3.4). Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RN, in consultation with the facility's GPs team would be responsible for the approval of the use of restraints should this be required in the future and there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process.</p> <p>The RC continues to maintain a restraint register and this includes enough information to provide an auditable record should restraint be again used. The RC also undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. GP's are involved in the review and the outcome of the review is reported to the owner/manager of the facility. Any changes to policies, guidelines, education, and processes are implemented if indicated.</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 1.4.1</p> <p>I shall be asked, and shall have opportunities to share, what is important to me.</p>	PA Low	<p>Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their family/whānau on admission. These were noted in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these. Residents' meetings are scheduled on the plan to be held six monthly. The RN reported that residents were updated regularly on events happening, however, there is no record to evidence the regular updates, nor were residents' meetings held as scheduled. In interviews,</p>	<p>There have been only two resident meetings over the last nine months. The meetings are run by the RN in its entirety giving residents no opportunity to discuss issues as they may have independently. Meeting minutes are perfunctory and do not describe discussions they had, as reported by the RN.</p>	<p>Ensure residents are provided with adequate opportunities to discuss issues independently and freely and that meeting minutes accurately describe discussions and actions taken to address issues raised.</p> <p>180 days</p>

		residents confirmed that they are free to express any concerns they may have and the owner/manager or the RN are approachable, and any concerns raised were promptly acted upon.		
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	Staff meetings are scheduled to take place monthly, but these have not been held to the organisations schedule. Three meetings have been missed over the last year. Where meetings are not held, there is no vehicle in place to share information with staff on adverse events or other events (e.g., complaints and infections).	Staff and resident meetings have been held but not to the organisations schedule. Where meetings are not held, there is no vehicle in place to share information with staff on adverse events or other events (e.g., complaints and infections).	<p>Where meetings cannot be held, there should be a process in place to give information with respect to adverse and other events and to receive feedback from staff in respect of these.</p> <p>180 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	The service is collecting information on internal adverse and other events (e.g., complaints and infections) but is not analysing trends to support improvement of service delivery.	The service is not analysing trends for internal adverse and other events (e.g., complaints and infections) to support improvement of service delivery.	<p>A mechanism to analyse trends for internal adverse and other events (e.g., complaints and infections) to support improvement of service delivery should be implemented.</p> <p>180 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care</p>	PA Moderate	Continuing education is planned on an annual basis but not all education requirements were covered by the programme (e.g., code of right, complaints management, sexuality and intimacy). No education has been	Education does not cover all the requirements of the Ngā Paerewa standard and the contract with the CMDHB. While education is planned on an annual basis, not all education requirements were	The education programme will need to be revised to make sure all the requirements of Ngā Paerewa standard and the contract with the CMDHB are met. A schedule to make

<p>and support workers so that they can provide high-quality safe services.</p>		<p>completed in 2022 and training in 2021 was sparsely attended with some staff not meeting the annual eight hours required.</p>	<p>covered by the programme. No education has been completed in 2022 and training in 2021 was not completed by some staff.</p>	<p>sure all staff complete annual eight hours of continuing education will need to be implemented.</p> <p>90 days</p>
<p>Criterion 3.4.2 The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>All medicines were prescribed by suitably qualified personnel. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for PRN medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medicines in the medication room and trolley were within current use by dates. The administered PRN medicines were not evaluated for effectiveness.</p>	<p>Ten (10) out of 12 sampled medication charts did not have evidence of evaluation of the effectiveness of the administered PRN medicines. These medicines included pain relief, behaviour management, and respiratory management medicines.</p>	<p>Provide evidence that administered PRN medicines are evaluated for effectiveness.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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