

# Victoria Epsom Limited - Victoria Epsom Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Victoria Epsom Limited
<b>Premises audited:</b>	Victoria Epsom Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 1 July 2022      End date: 1 July 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	22

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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

Victoria Epsom is privately owned and is located in Epsom, Auckland. There is one director/owner who is on site most days. The service is certified to provide rest home level of care for up to 24 residents. On the day of audit there were 22 residents.

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

The service manager (registered nurse) supports the director/owner. Policies, procedures, and processes are established to meet the Health and Disability Services Standards and contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

This audit did not identify any shortfalls.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff state that culturally appropriate care is provided. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable care for all. The service currently has an Asian resident population.

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

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The structure of the organisation extends from the director/owner to the service manager. The director/owner is on site and receives day to day handover. The business/quality plan includes mission, vision, and values statements with goals documented. These are regularly reviewed at defined intervals.

The service has an effective and organisation-wide quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, staff and resident meetings, and collation of data were all documented as taking place as scheduled, with corrective actions completed and improvements to service noted.

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The organisation has policies and procedures which provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The registered nurse (RN) and service manager/registered nurse are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so. Evidence of completed current medication competencies was sighted.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness (BWOFF), which expires on 28 April 2023. Electrical and equipment requiring calibration has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Resident rooms are personalised, and communal facilities are appropriate. Emergency policies and procedures are in place and have been implemented. There are adequate emergency supplies on site. Staff receive training around emergency management. The facility is secure at night.

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

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

Subsections applicable to this service fully attained.

The service manager oversees the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The infection prevention coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices. Staff demonstrated good principles and practice around infection control. Staff, residents, and family were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe cleaning services and personal laundry is completed onsite.

## 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 organisation has implemented policies and procedures that support the minimisation of restraint and use of enablers. There were no residents with restraints. Staff receive training in restraint minimisation and managing challenging behaviour.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	160	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a cultural policy, guidelines for the provision of culturally safe services for Māori residents, guidelines for terminal care and death of a Māori resident and practical application of the policy documented. The policy and guidelines are based on Te Tiriti o Waitangi with the documents providing a framework for the delivery of care.</p> <p>The service had no residents who identified as Māori at the time of the audit. Victoria Epsom serves an Asian population although the owner stated that Māori would be welcomed into the service if they chose to reside there. The director/owner states that they are able to link with the locality team if there are any queries or they require access to a kaumātua. There are no Māori staff. The service has a policy for equal opportunity.</p> <p>Residents and family are involved in providing input into the care plan, their activities, and their dietary needs. The director/owner stated that that would also be put in place for any Māori residents should they</p>

		<p>reside at the service.</p> <p>Interviews with the service manager/registered nurse [SM/RN], one caregiver/team leader, two caregivers and the cook described how care is based on a holistic and person-centred care model of health aligned to Te Whare Tapa Whā model of care. Care plans incorporate the physical, spiritual, family, and mental health of the residents.</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>There is a Pacific people’s policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The organisation is working towards the development of a Pacific health plan. The service manager interviewed stated there are plans to partner with a Pasifika organisation and/or staff to provide guidance. Cultural safety training has been provided to staff in 2021.</p> <p>None of the residents identify as Pasifika. There are staff who identify as from the Pacific Islands. Documentation on entry includes the resident’s ethnicity which is recorded in the electronic resident management system. This data is analysed as part of the Ministry of Health reporting requirements. The service manager described how they would encourage and support any applicant that identified as Pasifika through the employment process. The staff who identified as Pasifika could describe how they would support any resident or family member who identified as Pasifika, and both had extensive links into the community. The Pasifika staff also showed a determination to get to know the residents’ languages spoken (Mandarin, Cantonese, and Vietnamese).</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p>	FA	<p>Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The SM/RN discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code is displayed at the entrance to the facility in English and Te Reo Māori. There are also pamphlets in Māori, English, and Pacific languages and in Cantonese/Mandarin that align with ethnicity of residents. Discussions relating to the Code are held during the six-</p>

<p>requirements.</p>		<p>monthly care plan review meetings.</p> <p>All residents identify as Asian. Two of the residents interviewed identified as Vietnamese, and Chinese, both with the aid of a staff member who interpreted on behalf of the auditor. Four family were interviewed, and all spoke English. Three were interviewed by phone and one face to face. All residents and family interviewed reported that the service is upholding the residents' rights. Interactions observed on the days of audit between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance to the facility. There are links to spiritual supports including ministers/priests who provide spiritual care both to groups and individually (Covid regulations permitting). Most residents are Buddhist with some identifying as Christian. Residents are very 'tech savvy' and linked in via zoom to religious services or used online programmes during Covid lockdowns. Residents interviewed confirmed that they can access spiritual support when needed and all described family as helping them to go to services in the community with family confirming this.</p> <p>The caregivers interviewed described how they arrange their time on their shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation and annually with the last training provided to staff in 2021. This training includes understanding the role of advocacy services.</p> <p>Māori independence (mana motuhake) is recognised by staff through their cultural training programmes with the service manager stating that they could take Māori residents if they wished to come.</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>FA</p>	<p>The service has 100% Asian residents with all speaking Cantonese, Mandarin or Vietnamese. Some have limited English. Seventy percent of staff identify as Chinese or Vietnamese. The service manager tries to include a Vietnamese and Chinese (Mandarin and Cantonese) speaking staff on each shift. There are Vietnamese staff and the resident interviewed who speaks predominantly Vietnamese stated</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>that they are understood by staff through body and sign language and support from Cantonese speaking staff. Information is interpreted into languages appropriate to the residents (e.g. the consent form and information around the service).</p> <p>Caregivers and the service manager interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and were well respected by staff. They described staff as being attentive and respectful. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. A care plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident.</p> <p>Caregivers interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over and choice over activities they participate in. Cultural identity is included in the cultural component of the care plan and on the admission documentation.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys are completed six-monthly with the last completed in April and September 2021, confirming that residents and families are treated with respect and are very satisfied with the service provided. This was also confirmed during interviews with residents and families. Resident meetings are held (noting that the last was held in 2021). The service manager stated that meetings are not the preferred way for residents to communicate – they will come and talk with staff or the director or service manager whenever there are any concerns and there are strong relationships with family.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that the couples that share double rooms are able to have private spaces as they wish. There are two double</p>
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		<p>rooms. One is occupied by a couple and the other is occupied by two residents with a partition in the centre separating the two areas. There are curtains available for any resident who shares a room should they wish to have privacy.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>Staff are encouraged to use Te Reo Māori, noting that the service is Asian and therefore this is not the preferred language of residents or family.</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>An abuse and neglect policy is documented. The company policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities is part of the daily care and activities programmes and cultural days are held to celebrate diversity.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is very good.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service as confirmed by staff interviewed. Professional boundaries are defined in job descriptions and discussed as part of orientation. Interviews with the staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The general practitioner, SM/RN and</p>

		<p>staff interviewed along with residents and family interviewed confirmed that there was no abuse or neglect. Staff also stated that they work as a team and a 'family' and would be very comfortable raising any issues related to institutional or systemic racism noting that all stated that there was no evidence of this at the service.</p> <p>The service does not hold any resident or family money. There is a petty cash system with money provided by the director/owner for resident activities, birthday cakes, cafes etc with the director monitoring spending and receipts on a weekly basis.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. New residents are contacted to establish satisfaction with the service after six weeks of entry. Throughout the pandemic, the service has had to move away from resident meetings with the director/owner, service manager and staff providing an open communication policy that encouraged residents to express their concerns. Engagement with family has continued with emails and phone calls. All residents have been encouraged to use tablets and phones to communicate with staff throughout the day or evening.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Nine accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. They also stated that they could express any concerns or ask questions at any time or at the six-monthly meeting where care plans were reviewed.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Staff interpret for residents and family. Staff who identified as Pasifika or who do not speak the language of the resident use online (google) interpreting apps. Residents interviewed confirmed that staff make every effort to</p>

		<p>communicate with them in their own language.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice. The delivery of care includes the general practitioner, the service manager and other providers as required and used by residents. Residents/relatives provide consent and are communicated with in regard to services involved. The director and service manager described providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The director/owner and service manager and caregivers interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and EPOA/ family/whānau. The SM/RN reported that advance directives are explained and encouraged.</p> <p>Staff was observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with EPOA/ family/whānau confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and kept in the residents' files. In interview with residents, they reported that they felt safe, protected, and listened to and happy with care/ consent processes.</p> <p>The service manager reported that tikanga best practice guidelines in relation to consent will be observed as outlined in the Māori Health</p>

		<p>Care Plan. There were no residents who identify as Māori on the audit day.</p> <p>There are two double rooms. Both the couple and other residents have given consent to share a room.</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There was one verbal complaint logged in the complaint register in 2022 and none recorded for 2021. The service manager stated that residents were very independent and vocal and raised concerns which were addressed by staff straight away. The verbal complaint was minor and had been investigated and resolved on the same day of the complaint. The complainant was satisfied with the outcome.</p> <p>Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility in appropriate languages. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose.</p> <p>The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, Asian languages, and English with staff able to describe the complaints process as per the Code.</p> <p>There have not been any complaints received from external providers since the last 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</p>	FA	<p>Victoria Epsom has a documented mission statement, philosophy and values that is focused on the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life in a 'homely' and culturally appropriate environment. The philosophy is about providing</p>

<p>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>needs-based care. The business/quality plan for 2022 provided specific aims, and ambitions to be achieved with this reviewed on a quarterly and annual basis. The 2021 business/quality plan had been reviewed prior to the 2022 plan being developed.</p> <p>The director/owner is on site often daily and if not, then two to three times a week. The service manager is able to contact the director at any time and stated that they are extremely responsive. Residents and family also stated that the director/owner is well known to them and is readily available. The director has owned the business since 2015 and has a banking background. They also own other businesses.</p> <p>The service manager is responsible for operational management. They have had extensive experience as a registered nurse since 2000 as an agency nurse and with work in public and private hospital settings and in aged care and prisons. The service manager was working as the registered nurse prior to their appointment into the management position in March 2020 following the resignation of the previous manager. The service manager has completed over eight hours training per year including attendance at district health board (DHB) training sessions.</p> <p>The service has a contract with the funder for the provision of aged-related rest home level care for up to 24 residents. There were 22 residents on the day of audit. This included two boarders. There are 20 residents requiring rest home level care. One is under a long-term support – chronic health care contract (LTS-CHC). One resident is funded by ACC. The other 18 are funded under an Age-Related Residential Care contract. There are no private paying residents.</p> <p>Cultural training is accessible and available for the director/owner. The service manager has completed Treaty of Waitangi and cultural training. Interviews with the director confirmed they are committed to supporting the Ministry of Health’s Whāia Te Ao Mārama Māori health strategies. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori, to ensure tāngata whaikaha</p>
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		<p>have meaningful representation, and to identify and address barriers for Māori for equitable service delivery.</p> <p>The service provides support for people with disabilities as part of the care provided and as per care plans. Strategies are documented, for example around supporting people who are hearing impaired or short sighted.</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>Victoria Epsom implements the organisation's quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation, a programme of internal audits, and a process for identifying and addressing corrective actions.</p> <p>Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. The monthly staff meeting provides an avenue for discussions in relation to key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. The service has only been able to hold two face-to-face meetings this year as they have had two outbreaks. The director/owner and all staff interviewed stated that there had still been good communication around data and other information through informal meetings and emails.</p> <p>The service has six-monthly satisfaction surveys with the questionnaires in both English and Asian languages. Reports from surveys held in April and September 2021 showed that residents and family were very satisfied with the service offered.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a satisfactory level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are developed by an external consultant, are regularly reviewed and have</p>

		<p>been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Nine resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by the service manager.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored through the staff meeting. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety. A physiotherapist is available to provide contracted services.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have not been any section 31 notifications required to be submitted to HealthCERT since the last audit. There have been two outbreaks 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>	FA	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The service manager and a selection of caregivers hold current first aid certificates. The roster is adjusted, if necessary, to ensure that there is a first aid trained staff on duty 24/7. Agency staff are available if required, however, none have been used since the last audit.</p> <p>Interviews with the service manager, the caregiver/team leader and the caregivers confirmed that overall staffing is adequate to meet the needs of the residents.</p> <p>The service manager is available Monday to Friday each week and on call when not available on site. The director/owner is also available to</p>

	<p>support the team including after hours as they live on site. There is a second registered nurse who provides clinical cover when the service manager is on leave and they complete all the interRAI assessments (interRAI trained).</p> <p>There are two caregivers in the morning (one long shift and one short), two in the afternoon (one long shift and one short) on each ward and one caregiver floats to support each ward as required. There are two caregivers on morning and two on afternoon shifts. There is one caregiver overnight.</p> <p>There is an annual education and training schedule being implemented. Training is delivered via in-services and online. Staff attended mandatory cultural training in 2021 with evidence of high staff participation. Competencies are completed by staff including medication, hand hygiene, infection control, fire and emergency training, and manual handling. A record of completion is maintained in each staff members files. The caregivers are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are four caregivers with a level four NZQA certificate in health and wellbeing, one level seven (team leader), two with level five, two with level two and two with level one.</p> <p>Training for the service manager and others as required is provided by the DHB and through in-services and online training. The service manager provides oversight of the caregivers. The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed. The staff</p>
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		have had extensive training around Covid policies and protocols.
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including: recruitment, selection, orientation, and staff training and development. Five staff files reviewed (two caregivers, one caregiver/team leader, service manager and cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practicing certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, podiatry). There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori and others.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	Resident files and the information associated with residents and staff are retained in secure environments. Electronic information (e.g. policies and procedures, quality reports and data/benchmarking, and resident information) is routinely backed up and password protected.

<p>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>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation and the effectiveness of the information management system.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to Victoria Epsom is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, long term support – chronic health condition (LTS-CHC), accident compensation corporation (ACC) respite care level of care, was in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. The service manager reported that the rights and identity of the residents will be protected by ensuring residents' information is kept confidential in locked cupboards. Family/whānau were updated where there was a delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p>

		<p>The service manager reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, Māori Health practitioners, traditional Māori healers, and organisations to benefit and support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required timeframes. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the service manager and caregivers. Cultural assessments were completed by the RN or the service manager who has completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. These were completed within the required timeframes as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement are encouraged.</p> <p>InterRAI assessments were completed within 21 days and these inform development of long-term care plans. The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observations forms, nursing observations, wound assessment and monitoring forms, blood glucose, and restraint monitoring charts.</p> <p>Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from</p>

	<p>expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Relevant outcome scores are considered in the development of care plan goals and interventions. Detailed strategies to maintain and promote the residents' independent wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented.</p> <p>Five resident clinical files were reviewed: including one resident on an LTS-CHC contract, and one under ACC. All these residents had the following assessments completed, (but not limited to) behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GP visits the service once every fortnight and is available on call 24/7. Residents' medical admission and reviews were completed within the required timeframes. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The service manager reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes GP, RN, service manager, caregivers, and when required, podiatrist, and other members of the allied health team, residents, and family/whānau. In interview conducted, the GP confirmed that medical input is sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was also confirmed in the five files reviewed.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to</p>
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		<p>guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the service manager, and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>There was one active wound at the time of the audit. Completed wound care plans, wound assessments and monitoring forms, and evaluations were documented. These were regularly reviewed. The service manager reported that DHB wound nurse specialists and GP have input into chronic wound management when required. However, there were no residents requiring specialist services. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the caregivers and previously before lockdown by the Chinese Charitable Trust. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile is completed for each resident within two weeks of admission in consultation with the family.</p> <p>The activity programme is formulated in consultation with the service</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>manager, EPOAs, residents, and care staff. The activities are varied and appropriate for people in a rest-home setting. Younger residents engage with other residents in the activities programme at the service, but most of the time prefers their own self-directed activities, where required, one-on-one and group activities are arranged. Residents' activities care plans were evaluated every six months or when there was any significant change. Van trips are conducted once a week except under Covid-19 national restrictions.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit day. The planner sighted included: music, group coffees, television exercise programmes, Chinese dance group, walking, watching TV, book reading, story reading, art, social van rides, and news and views. Most residents have their own i-pads which they use to play games in their own language and communicate with family/whānau overseas. The planned activities and community connections are suitable for the residents. A representative of the A Better Chance Chinese Charitable Trust was interviewed and reported that they will resume activities this month which are tailor made to support the Chinese community.</p> <p>The service manager reported that there were no Māori residents, however, opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements. These include community traditional leaders, celebrating religious and cultural festivals, attending Marae events, and pacific residents are included as well through their communities where applicable.</p> <p>EPOA/family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to</p>	<p>FA</p>	<p>The medication management policy identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation. There is a medication management policy in place. Administration records are maintained, and drug incident forms are</p>

<p>access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>completed in the event of any drug errors.</p> <p>Indications for use are noted for pro re nata (PRN) medications, over-the-counter medications, and supplements. Allergies are indicated, and photos were all current. Eye drops in use were dated on opening.</p> <p>Medication reconciliation is conducted by the service manager when a resident is transferred back to the service from the hospital or any external appointments. The service manager checks medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three-monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy promptly. Medicines are kept in a locked cupboard in the nurse's station. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were seven residents self-administering medications such as creams including one who had lactulose. All residents were assessed as competent, and medicines were kept in a secure place. There were no standing orders in use. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Ten medication charts sampled evidenced medication entries met the requirements of the standard.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. Two cooks manage the food service. There is an approved food control plan for the service which expires on 19 June 2023. Meal services are prepared on-site and served in the main dining room. Food is transported using a trolley with insulated food covers. The menu was reviewed by the registered dietitian on 15 February 2022. All kitchen staff have current food handling certificates, and these were sighted in the staff files reviewed.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained.</p> <p>The residents and family/whānau interviewed indicated satisfaction with the food service.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. The cook reported that residents are offered varied menu options, and these would be culturally specific to te ao Māori where required. The menu sighted had menu varieties that included Chinese and Vietnamese preferences.</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</p>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the</p>

<p>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>transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. Upon discharge, current and old notes are collated and stored in a locked cupboard in a secure area. If a resident's information is required by subsequent GP or service, a written request is required for the file to be transferred. The service manager reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or kaupapa Māori agencies were indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services such as podiatrists, gerontology nurse specialists, and physiotherapists was sighted in the files reviewed. EPOA family/whānau and residents are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness in place. The director/owner assist with the maintenance issues and works seven days a week. Essential contractors are available 24 hours a day. Reactive and preventative maintenance systems are in place, with maintenance requests being placed in a maintenance book that gets signed off after completion of the required repair. All electrical equipment has been tested and tagged in February 2022 and clinical equipment has had functional checks/calibration undertaken annually (last checked on 30 June 2022). Hot water temperatures have been tested and recorded in every resident room, laundry, and kitchen monthly. All hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms and 60 degrees Celsius in the laundry and kitchen areas. Caregivers interviewed stated they had adequate equipment for the safe delivery of care including (but not limited to) weighing scales, pressure prevention mattresses, and lazy boy chairs on wheels.</p> <p>The communal areas at the service include the big lounge/dining room in the main building. The communal areas are easily and safely accessible for residents. The facility has sufficient space for residents</p>

		<p>to mobilise using mobility aids and residents were observed moving around freely. There are quiet, low stimulus areas that provide privacy when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas. There is outdoor seating and shade.</p> <p>There are two cabins included on facility and these had sprinklers added to cover cabins in case of fire. One cabin is used as a staff resting area and the other by a security personnel on the premise.</p> <p>There are sufficient numbers of accessible bathroom and toilet facilities throughout the facility. This included 24 rooms, including two double rooms (one of the double rooms can be partitioned into two separate private rooms). Both rooms were occupied; one by a couple and the partitioned room by two residents. Residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids for residents. Residents are encouraged to personalise their bedrooms as observed during the audit. All bedrooms have a hand basin and free-flowing soap and paper towels in the toilet areas. There were five resident toilets and three shower rooms, and one staff shower room and toilet. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers, and utility areas having non-slip vinyl.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. The service has a central heating system. Staff, EPOA/ family/whānau and residents interviewed, stated heating and ventilation within the facility are effective.</p> <p>The service is actively working towards having cultural consultants regarding the planned building extension to ensure it reflects the aspirations and identity of Māori. The service is not currently building new premises.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe</p>

<p>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>the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 11 February 2022 and 20 staff attended this. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continent products, and a gas BBQ, meet The National Emergency Management Agency recommendations for the region. There is no generator on site, however, one can be hired if required. Emergency lighting is available and is regularly tested. Staff including RNs and some caregivers and other staff have current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the communal areas, in front of the facility, and the car park, for added security. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</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</p>	<p>FA</p>	<p>The service manager is the infection prevention coordinator (IPC). The IPC reported that they have full support from the director/owner regarding infection prevention matters. This includes time, resources, and training. Monthly staff meetings include discussions regarding any residents of concerns, including any infections. These meetings are</p>

<p>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>attended by the director/owner who remains fully informed. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) were developed in alignment with the strategic document and approved by the director/owner and service manager and linked to the quality improvement programme.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a COVID-19 screening questionnaire, rapid antigen testing (RAT) and temperature monitoring. Contact information is collected for tracing should this be required. All visits currently are strictly by appointment due to the COVID-19 pandemic</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 service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the service manager who is appointed as the infection prevention coordinator (IPC). A position description for the IPC was in place with this focusing on review of infection prevention.</p> <p>The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, and the GP, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The Māori health plan ensures staff is practicing in a culturally safe manner. The service manager is involved in the procurement of all equipment.</p> <p>The service has guidelines in place to manage and prevent exposure to infections. Infection prevention and control training is provided to residents and visitors as required and as related to pandemic</p>

	<p>requirements. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for covid-19. Most residents and all staff were vaccinated for covid-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There was a pandemic outbreak plan in place. Information and resources to support staff in managing covid-19 were regularly updated. Visitor screening and residents' temperature monitoring records depending on alert levels by the MOH were documented. Covid -19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated, before coming on site.</p> <p>The infection control policy sighted was updated to include covid-19 and disinfection/decontamination of reusable medical devices. Documented policies and procedures for managing both manual and automated decontamination of reusable medical devices were reviewed. The service manager reported that sterilisation of reusable medical devices was not applicable. Internal audits are completed throughout the year with no corrective actions required. The service manager interviewed reported that cultural advice is accessed where appropriate.</p> <p>The service has documented policies and procedures in place around cleaning and laundry that reflected current best practices. Policies and procedures are accessible and available for staff in the office, and these were current. Care delivery, cleaning, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The service</p>
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		<p>manager or other external consultants conduct in-service education. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The service manager completed various infection prevention and control training online such as hand hygiene, pandemic planning, outbreak training, and donning and doffing.</p> <p>The service is actively working towards providing interpreted information in Mandarin/Cantonese and in Vietnamese including infection prevention information. Currently the service is focused on providing for the Asian resident population, but the director/owner stated that they would refer to the DHB and organisations in the community for information in te reo Māori if they had Māori residents.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The service manager is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at staff meetings. Staff confirmed that infections rates information is shared promptly. The IPC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP stated they were informed in a timely manner</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working to ensure surveillance of healthcare-associated infections including ethnicity data. There have been two Covid 19 outbreaks since the previous audit. Both have been managed as per policy, reported to the funder and Public Health, and have been extensively documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>The service policy describes safe and appropriate storage and disposal of waste, infectious or hazardous substances, including storage and use of chemicals. Material safety datasheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. The director/owner, CC, chef, FM, and care staff interviewed demonstrated awareness of safety and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>There are designated housekeeping staff. All received appropriate training in chemical safety training annually and infection control, including covid-19. Other infection control training is completed online by staff through the Ko Awatea training programme. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in three locked rooms across the service. There is one cleaning room where all cleaning trollies are kept locked. Safety datasheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The main laundry is taken off site (towels and sheets for example) with only some personal laundry completed on site. The caregivers</p>

		<p>demonstrated a sound knowledge of the laundry processes and will wash some clothes if required. The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to covid-19. The residents and family members interviewed reported that the environment was clean and was satisfied with laundry services.</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>Victoria Epsom is committed to a restraint-free environment and this was reflected in the policy and during interviews with the service manager. The director/owner is kept informed about any use of restraint and during interview confirmed the service was committed to maintaining a restraint-free environment. There are policies around restraint use including definitions. The service manager is the restraint coordinator. There were no restraints in use during the audit. In the event restraint use is considered, this would be as a last resort when all alternatives have been explored and requires discussion with the resident and/or family/EPOA, GP and the service manager.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours as part of the annual mandatory training. The service focuses on de-escalation techniques and one-on-one activities to maintain its restraint-free environment.</p> <p>The provider is developing plans to report ethnicity, type and frequency of restraints and data analysis to the director/owner should they be used in future.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.