

J A Crossley Holdings Limited - Crossley Court Holiday and Retirement Home & Orewa Beach Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	J A Crossley Holdings Limited
Premises audited:	Orewa Beach Home Crossley Court Holiday and Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 July 2022 End date: 5 July 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:	42

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Crossley Court, and Orewa Beach Rest Home, are located in Orewa, Auckland. The homes are adjacent aged care facilities that provide rest home care for up to 45 residents. There were 42 residents on the day of audit.

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

The facility manager (a registered nurse) is experienced and is supported by a registered nurse and the director/owner. Feedback from families was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified areas for improvement related to care planning, and medication management and documentation.

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.

Crossley Court and Orewa Beach Rest Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were two Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of the residents and effectively communicating with them about their choices.

Residents receive services in a manner that considers their dignity, privacy, and independence. Crossley Court and Orewa Beach Rest Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled two-monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities are identified.

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

The service ensures the collection, storage, and use of personal and health information of residents is 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required.

Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioners complete a medical assessment on admission and reviews occur thereafter on a regular basis.

Long-term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs.

Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by an activity's coordinator. The activities programme is flexible and meaningful for rest home residents. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

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 building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single occupancy shared facilities. There are communal shower rooms with privacy locks. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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 infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and include policies and procedures to guide staff. A registered nurse is the infection control nurse. Infection data is collated, analysed, and trended. Antimicrobial prescribing is monitored. Monthly surveillance data is reported to staff. There have been three outbreaks since the previous audit. There are organisational Covid-19 prevention strategies in place.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraints. Restraint is only used as a last resort when all other options have been explored. The facility is currently restraint free.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	1	1	0	0
Criteria	0	150	0	2	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. This was evidenced during interviews with two family members.</p> <p>During the audit, there were Māori residents living at the facility; however, they preferred not to identify with the Māori culture. The care plans for these resident’s included a cultural assessment with which explored cultural links and provided an opportunity for the service to cater for any cultural needs. Documentation reflected their individual values and beliefs.</p> <p>The facility manager plans to explore links with the local marae and kaumatua in order to receive cultural support and advice.</p> <p>The director confirmed that all cultures are welcomed and supported which would include supporting a Māori workforce should they apply</p>

		<p>for any available role. The facility manager plans to expand the use of everyday Te Reo Māori to residents by staff, starting with normal greetings.</p> <p>The director, facility manager, one registered nurse (RN) and three care staff interviewed (two caregivers, one activities coordinator) were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	<p>On admission, all resident's ethnicity is documented. The facility manager advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika at the time of audit. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The facility manager understands the requirement to work towards the development of a Pacific health plan and plans to seek guidance from a Pasifika organisation and/or individual.</p> <p>The service is actively recruiting new staff. The facility manager described how they would encourage and support any staff that identified as Pasifika through the employment process. There are currently no staff members that identify as Pasifika.</p> <p>Interviews with seven staff (three care staff, one laundry assistant, one chef, one cleaner and one activities coordinator), eight residents, two relatives, and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English, New Zealand sign language and Te Reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager discusses aspects of the Code with residents and their relatives on admission.</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>Discussions relating to the Code are held during the monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>The service is actively working to ensure that Māori mana Motuhake is recognised.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The care staff interviewed described how they support residents to choose what they want to do. Families interviewed confirmed the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</p> <p>The services annual training plan reflects training that is responsive to the individual needs of people across the service including continuing education relevant to physical disability and young people with physical disabilities. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed each year confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate</p>

		<p>relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents with a disability are supported to enable their participation in te ao Māori should they wish to.</p> <p>Residents' records and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori and could accurately describe the practical application of tapu and noa in a care situation.</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 being implemented. Crossley Court and Orewa Beach Rest Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. Staff rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct policy addresses harassment, racism, and bullying.</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. The families interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service. This document is retained in their staff file. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding</p>

		<p>of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents.</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>	FA	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</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. Twelve accident/incident forms reviewed consistently indicated next of kin have been informed of an accident/incident. This was also confirmed during interviews with families.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the DHB specialist services, and hospice.</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</p>	FA	<p>There are policies around informed consent. Seven resident files reviewed included signed general consent forms. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation</p>

<p>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>plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains records of complaints, actions taken, and resolution.</p> <p>There has been one complaint received since the previous audit (2018), which was in 2019. None have been received since to date. The complaint reviewed was of a minor nature (length of an overseas phone call) and included a documented investigation, follow up, and correspondence with the complainant. There have been no external complaints since the previous audit.</p> <p>The facility manager stated that she addresses concerns as they arise. Staff would be informed of any complaints received in staff meetings.</p> <p>Discussions with families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly.</p> <p>Residents/relatives making a complaint can involve an independent support person/advocate in the process if they choose.</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>	<p>FA</p>	<p>Crossley Court and Orewa Beach rest home, located in Orewa, Auckland. The homes are adjacent aged care facilities that provide rest home care for up to 45 residents. Crossley Court has a maximum of 17 residents and the adjacent Orewa Beach Rest Home has a maximum of 28 residents. There were 42 residents in total on</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>the day of audit (including two respite residents and one funded by ACC).</p> <p>The owner/director are the governing body for J.A Crossley Holdings Limited – trading as Crossley Court Holiday and Retirement Home & Orewa Beach Home. The facility manager and director were able to describe the company’s quality goals. The service organisation philosophy and strategic plan reflect a resident/family centred approach to all services. There is a 2022 business plan that outlines objectives for the period. Objectives are signed off when fully attained. The organisation has five quality goals for the year: to meet expected budget targets; to promote the health and wellbeing of residents; have effective staff management in place; continue good relationships with key stakeholders; and to keep occupancy high as a result of a reputation for great care.</p> <p>The service is managed by an experienced facility manager (registered nurse/RN) who has been in her current role for the past eleven years. The facility manager has over eighteen years’ experience in elderly care management within New Zealand. She works closely with the director on a weekly basis.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Wha and te ao Māori. The director has undertaken relevant cultural training as part of a larger course of study currently in progress.</p> <p>Work is underway to ensure that the service collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for equitable service delivery.</p> <p>The organisation delivers services that improve outcomes for tāngata whaikaha people and residents have a chance to provide feedback through meetings and surveys.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service has an established quality and risk management programme provided by an external consultant who is well-known and respected within the industry. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service critically analyses organisational practices in order to improve health equity. Internal audits are completed as per the internal audit schedule. Clinical indicator data (e.g., falls, skin tears, infections, episodes of challenging behaviours) is collected. There are opportunities for sharing of this data in staff meetings.</p> <p>Staff meetings also provide an avenue for discussions in relation to (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed annually, in addition to separate surveys for food services and podiatry. The surveys completed consistently reflect high levels of resident/family satisfaction with only one negative comment in 2021 (wanted staff to knock more loudly). Satisfaction was also confirmed during interviews with residents and families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa standards.</p> <p>A health and safety system is being implemented with the facility manager acting in the role of health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available to visit as required. Strategies implemented to reduce the frequency of falls</p>
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		<p>include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The facility manager and registered nurse evaluate interventions for individual residents. Each incident/accident is documented in hard copy. Twelve accident/incident forms reviewed for May and June 2022 (witnessed and unwitnessed falls, and near misses) indicated that the forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. There is a policy and procedure for recording neurological observations; however, these are not consistently recorded for unwitnessed falls (link 3.2.4).</p> <p>Discussions with the facility manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT around issues relating to an intruder and missing medication. There had been three outbreaks documented since the last audit: (Norovirus in 2019, Covid in April and June 2022). These was appropriately notified, managed and staff debriefed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides sufficient training to ensure their nurses and care staff can deliver high quality health care for Māori.</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</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The facility manager (RN), registered nurse and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers, nurse, and casual staff. Out of hours on-call cover is provided by the facility manager. The registered nurse performs the nurse manager's role in her</p>

<p>services.</p>		<p>absence.</p> <p>At the time of the audit the service had one registered nurse vacancy.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager (RN) and registered nurse provide seven-day cover between them RN (07.00-15.00), while recruiting for a second RN.</p> <p>The roster is developed as follows:</p> <p>AM:</p> <p>Crossley Court: 1x caregiver 07.00-15.00, 1x caregiver 07.00-13.00</p> <p>Orewa Beach: 1x caregiver 07.00-15.00, 2x caregivers 07.00-13.00</p> <p>PM:</p> <p>Crossley Court: 1x caregiver 15.00-23.00</p> <p>Orewa Beach: 1x caregiver 15.00-23.00, 1x caregivers 17.00-19.30</p> <p>Nocte:</p> <p>There is 2x caregivers 23.00-07.00</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training took place in March 2022, including the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health</p>
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		<p>equity.</p> <p>External training opportunities for care staff include training days provided by the local DHB.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fourteen caregivers are employed. The organisation's orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Six caregivers have achieved a level 4 NZQA qualification, four level 3, and three level 2. The remainder is new to the service.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include an interRAI assessment competency. Two RNs (including the facility manager) are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All care staff attend relevant combined staff/quality/clinical meetings when possible.</p> <p>Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys, corrective actions being implemented, in addition to private discussions regarding resident care. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. The environment is checked as part of the internal audit schedule. Staff support is provided, including assistance with extra groceries provided by the organisation during Covid lockdowns.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Six staff files reviewed (one RN, one domestic/kitchen hand, three caregivers and one chef) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practicing certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietician). There is an appraisal policy. All staff who had 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 RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service</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>provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their family/whānau. There is a pre-admission/pre-entry policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency and GPs are informed of the decline to entry. Alternative services, when possible, are to be offered and documentation of reason in internal files. Interview with the FM state declining entry is recorded and required data can be analysed to identify entry and decline rate for Māori, although the facility's philosophy is not to decline potential residents on ethnicity or for any other discriminatory reason. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service. All resident files reviewed had current interRAI assessments in place.</p> <p>The pre-admission/pre-entry policy requires the collection of information that includes, (but is not limited to): ethnicity, spoken language, interpreter requirements, Iwi, hapu, religion, and referring agency. Interviews with residents and families and review of records confirmed the admission process was completed in a timely manner.</p> <p>The facility manager described prior to a Māori individual and whānau</p>

		<p>entry, they establish the potential resident's needs and discuss their wishes in respect of input from Māori communities and organisations. Information is available to staff where to seek external support and advice. The facility manager plans to work in partnership local marae and kaumatua for further cultural support (link 1.1.5).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Seven residents' files were reviewed for this audit including one younger person with disabilities (YPD), one funded by the Accident Compensation Corporation (ACC) and one on respite care. Initial care plans are developed with the residents/EPOA consent within the required timeframe. They are based on data collected during the initial nursing assessments, which include: dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies. Pain assessments are not utilised when required.</p> <p>Resident care plans are developed using a paper-based system. The care plans support a person-centred model of care.</p> <p>InterRAI assessment were completed for all residents who require one (also for YPD). The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments, care summary and the interRAI assessment, and completed within three weeks of the residents' admission to the facility. Documented interventions and resident identified risks meet the residents' assessed needs.</p> <p>Review of residents' records showed that the resident under the young person with disability contract participate in care planning with support from the EPOA. Their plan includes activities and interventions to ensure that their physical, mental health, cultural and wellbeing needs are met.</p> <p>The residents' activities assessments are completed by the activity's coordinator in conjunction with the RN within three weeks of the</p>

	<p>residents' admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, the resident identity, interest, hobbies, past experiences, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>Short-term care plans are developed for acute problems, for example, infections, wounds, Covid, and weight loss.</p> <p>The initial medical assessment is undertaken by the contracted GPs. Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility for three-monthly reviews or when required. Documentation and records reviewed were current. The two GPs interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The GPs are available after-hours. A physiotherapist (interviewed) visits weekly on a Tuesday to complete falls reviews and to see new residents to develop a mobility plan.</p> <p>Contact details for family are recorded within the file. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status. Contact with family is documented in the progress notes.</p> <p>There were seven wounds treated at the time of the audit (skin tears, two surgical wounds). There were no pressure injuries or chronic ulcers/wounds treated. There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required or requested by the GPs. Wound specialist input is available when</p>
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		<p>required.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure are completed and were up to date. Other monitoring charts are completed and include food and fluid intake, bowel charts, blood glucose and toileting charts. Neurological observations are commenced following all un-witnessed falls, however, not always commenced, or recorded within the intervals stated in the policy.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, however, not always updated when changes in the resident's condition occur. The RN documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which</p>	<p>FA</p>	<p>The residents' activities programme is implemented by a newly appointed activities coordinator (works Monday to Fridays) that has been in the role for three weeks. The activities coordinator divides her time between Crossley Court and Orewa House. Weekend activities are provided by the caregivers and plenty of resources are available.</p> <p>Activities for the residents in Crossley Court and Orewa House are provided Monday to 9 am to 3.30 pm Monday to Sunday. At weekends, puzzles, quizzes, and movies are available for residents. The activities programme is displayed weekly in the communal area and on the individual resident noticeboards. The activities programme</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities coordinator occurs regularly. Van outings are organised three times per week (one for Crossley Court, one for Orewa House and one combined) into the community as much as Covid 19 restrictions allow. Church ministers visit monthly when Covid restrictions allow.</p> <p>The programme has included Te Reo week, visits from local community groups, and Matariki celebrations. Māori identity, Māori worldviews, language, and culture are celebrated, and resources are available to encourage participation. Other cultural activities are held to include the variety of cultures within the facility. Family/whānau participation in the programme is encouraged.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and include discussion around activities. Residents and families interviewed confirmed enjoyment of activities.</p> <p>Residents are escorted to the main activities to able and encourage them to participate. Activities documentation including a resident social and cultural profile, assessments and care plan is completed within the required timeframes and attendance is documented.</p> <p>The residents under the young person disabled contract can choose activities of their preference from a range of opportunities. The activities coordinator supports the family to provide assistance for outings to cafes or shopping trips. The maintenance person is the dedicated van driver.</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>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management including standing orders in line with relevant legislation and guidelines.</p> <p>A medicine management using a paper-based system was observed</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>on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record. There is photo identification on the medication order sheet.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures were monitored within the required range.</p> <p>Medications are stored securely in accordance with requirements. Secure medications are checked out by two staff in the register but not on the paper-based medication signing sheet. Weekly checks of medications and six-monthly stocktakes had been conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit. The facility uses standing orders which comply with the Ministry of Health (2016) Standing Order Guidelines.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be</p>
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		<p>discussed with and prescribed by a medical practitioner. Interview with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>All caregivers and RNs administering medication are medication competent. A medication round was observed, the correct procedure is followed. Fourteen of fourteen paper-based medication order sheets (medication charts) reviewed evidence the prescribers only record the route other than 'per mouth'. The pharmacist, two GPs, FM and RN interviewed stated that there is an understanding that all medication are administered 'per mouth' and only the exception is recorded. The GPs and FM confirmed the medication order sheet has been used since 2016. There were no medication errors in the last six months. Medication audits completed evidence compliance.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen is overseen by a full-time qualified chef that has been in the role for the last two years. He is supported by a weekend cook and kitchen hands.</p> <p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the chef at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information would be gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on-site and served directly from a bain marie to the adjacent dining room in Orewa House, the food is transported in covered thermal containers to Crossley Court and served and plated by caregivers. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and</p>

		<p>families interviewed stated that they were satisfied with the meals provided.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian and reviewed 16 March 2022. The food control plan expiry date is April 2023.</p> <p>The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted.</p> <p>All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The chef is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Discussion and feedback on the menu and food provided is sought at the monthly residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services.</p>	FA	<p>There is a resident transition, exit transfer and discharge policy that documents access to appropriate external treatment and support services and referral in a timely fashion.</p> <p>Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies if indicated or requested. All referrals are clearly documented in the progress notes.</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Progress notes reviewed, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the registered nurse and FM and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p> <p>Transfer documentation and discharge summaries and notes are integrated into the resident's file. Discharge from hospital instructions have not always been incorporated into the resident's LTCP (link 3.2.5).</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people 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>There is a building warrant of fitness certificate that expires 16 May 2023. The maintenance person works four days per week from 8.30am to 2.30pm and will oversee the maintenance of the garden. Maintenance requests are logged in a maintenance book and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment was completed in May 2022. Checking and calibration of medical equipment, oxygen cylinders and scales was also completed in August 2021.</p> <p>Crossley Court and Orewa House are adjacent to each other with a walkway separating the properties. There is easy access from the front door of Orewa House to the back door of Crossley Court.</p> <p>Orewa House has 28 rooms (single occupancy).</p> <p>All corridors have safety rails that promote safe mobility. Corridors are wide enough for residents to move freely around the areas with mobility aids where required. The garden and surrounding deck has</p>

		<p>seating and shade. There is safe access to all communal areas.</p> <p>There are sufficient numbers of communal toilets and showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if appropriate. There are signs on all shower/toilet doors.</p> <p>There is a spacious dining room adjacent to the kitchen.</p> <p>There is a large and small communal area. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home residents.</p> <p>Crossley Court have 17 rooms (single occupancy).</p> <p>All rooms are single occupancy with hand-basins. There are sufficient numbers of communal toilets and showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if appropriate. There are signs on all shower/toilet doors.</p> <p>There is a large communal area. Activities occur in the large lounge. There is a spacious dining room and serving/kitchen area. Some residents were observed doing crafts in the dining room. Care staff interviewed reported that they have adequate space to provide care to residents.</p> <p>Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas in both rest homes have ample natural light and ventilation. Communal areas are well lit, showers are fitted with handrails, non-slip flooring, and call bells. There is heating in each room which residents are able to adjust and electric heaters</p>
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		<p>are in the hallway. Staff and residents interviewed stated that this is effective.</p> <p>The facility is non-smoking.</p> <p>The service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in January 1997. A recent fire evacuation drill has been completed and this is repeated every six months. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power accessible and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms, communal toilets/showers, and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely</p>

		<p>manner.</p> <p>The facilities are adjacent to one another with the front door of one very close to the back door of another with a short pathway in-between. Call bells can be heard across both houses. If there is an emergency staff phone the ambulance or RN on call. The RN on call is phoned to complete post fall assessments, to provide assistance in case of injuries sustained. The RN and FM both live nearby.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors and sliding doors are checked.</p> <p>Currently, under Covid restrictions, visitors are controlled through a screening process, required to be RAT tested and need to make an appointment to enter the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the facility business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Expert advice can be accessed from Public Health and the district health board and the gerontology nurse.</p> <p>IPC and AMS issues are discussed at combined quality and staff meetings. The facility manager shares information with the director regarding outbreak of other infectious diseases when they occur. Monthly collation of data is completed, trends are analysed and discussed with staff at meetings and handovers.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a team approach and involve the infection control person at the DHB.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse and the DHB when required. Overall effectiveness of the programme is monitored by the facility manager (RN) in collaboration with RNs, caregivers, and allied</p>

		<p>staff.</p> <p>The FM is the infection control nurse (ICN) and has completed training for the role. A documented and signed role description for the ICN is in place. The ICN keeps the director informed of significant issues when required.</p> <p>There are adequate resources to implement the infection control programme across Orewa House and Crossley Court. The ICN who is responsible for implementing the infection control programme, liaises with the infection control committee who meet monthly and as required.</p> <p>The ICN has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</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>	FA	<p>The designated infection control (ICN) nurse is the facility manager has been in the role for the last five years. During Covid-19 lockdown there were regular meetings with the DHB which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The ICN has completed an online MOH infection training and previous Bug control training. The ICN has access to online resources, guidelines, and best practice. There is good external support from the GP, laboratory, and DHB. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra PPE equipment as required. The ICN and RN are responsible for procurement of good quality PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training</p>

		<p>and education of staff. An external consultant reviews policies and procedures. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service IPC policies acknowledge the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Educational resources in Te Reo Māori can be accessed online if needed. All residents are included and participate in IPC and staff are trained in cultural safety.</p> <p>Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The ICN stated they will have input when significant changes occur to the build.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
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		There had been three outbreaks since the previous audit. In 2019, a Norovirus outbreak was successfully managed, and in April 2022 and June 2022 a Covid 19 outbreak was managed effectively with input and advice from the MOH and Public Health.
<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	There are approved policies and guidelines for antimicrobial prescribing. The AMS programme is appropriate for the size, scope, and complexity of the service. Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. Further discussion takes place within the care team. Trends are identified. Feedback occurs to staff and the GPs.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the IPC policy in use at the facility. The ICN uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene,</p>

		<p>medications prescribed and requirements if appropriate for isolation.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. The service completed a 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. The ICN confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period, resources including PPE were adequate.</p> <p>Visitors to the facility are required to RAT test prior to entering and make an appointment. There is record keeping of all incoming and outgoing visits.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements a waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education, incident/accident, and hazards reporting, use of PPE, and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Cleaners are aware of the requirement to keep their</p>

		<p>cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled.</p> <p>The laundry is situated in Orewa House. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. All laundry except resident's clothing is outsourced. Visual inspection, of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of clothing. Residents' clothing is labelled and personally delivered from the laundry to their rooms. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control committee. There were no construction, installation, or maintenance in progress at the time of the audit.</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>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the facility manager. At the time of the audit, the facility was restraint free. Advised, the use of restraint (if any) would be reported in the quality/staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-</p>	PA Low	<p>Resident LTCPs are evaluated six-monthly against the goals and outcomes. Three of seven resident files reviewed did not evidence changes to the resident’s LTCPs. Caregivers and the resident interviewed are knowledgeable about the cares of the resident. Short-term care plans are commenced for acute issues.</p> <p>There is a comprehensive handover process where changes in residents’ care is discussed to ensure continuity of care delivered. Comprehensive progress notes are maintained and shows evidence that residents receive the required care, however, it was not always documented in the care plan. The risk is identified as low as it relates to documentation only.</p>	<p>(i) One resident’s (who sustained a fracture and discharged from hospital) long-term care plan was not updated to address care of the hand/wrist splint, management of a rash (was on antibiotics) or pain management on return from hospital.</p> <p>(ii) One resident’s (with recurrent urinary tract infections) long-term care plan was not updated to include prevention and early detection of symptoms to minimise reoccurrence.</p>	<p>(i)-(ii) Ensure care plan interventions are updated to reflect changes in health status.</p> <p>90 days</p>

assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Low	Fourteen of fourteen paper-based medication order sheets (medication charts) reviewed evidence the prescribers only record the route other than 'per mouth'. The pharmacist, two GPs, FM and RN interviewed stated that there is an understanding that all medication are administered 'per mouth' and only the exception is recorded. The GPs and FM confirmed the medication order sheet has been used since 2016. There were no medication errors in the last six months. Medication audits completed evidence compliance.	Fourteen of fourteen paper-based medication order sheets (medication charts) reviewed evidence the prescribers only record the route other than 'per mouth'.	Ensure the medication chart includes documenting all medication routes and not just the exception 90 days
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	PA Moderate	The pharmacist interviewed liaises with the prescriber regarding medicine prescriptions, as necessary. The RNs check medication when received from the pharmacy against the medication chart and inform the pharmacy of incidents related to pharmacy supply and medicine management processes. Before giving medicines, all staff must demonstrate that they have knowledge,	(i)Transcribing of medication occur in progress notes during admission, exit and discharge process and on residents' profiles where medical conditions are noted. (ii)Controlled drugs are signed by two caregivers in the register, however, both do not sign on the	(i)Avoid transcribing of medications. (ii)Ensure both caregivers sign for controlled medications administered at night.

<p>review.</p>		<p>understanding and practical abilities to be considered as competent. Transcribing does not occur during the medication management process but occur in care documentation.</p> <p>Two residents receive packaged controlled medication at night and is signed in the controlled drug register by a medication competent caregiver and second checker (caregiver); however, only one signature appears on the administration sheet in the medication folder.</p> <p>Medication charts are reviewed three-monthly by the GPs.</p>	<p>medication administration sheet.</p>	<p>90 days</p>
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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.