

# Archer Care Facility Limited - Archer Village

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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:

**Legal entity:** Archer Care Facility Limited

**Premises audited:** Archer Village

**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):** The service is also certified for Hospital (geriatric) and Hospital (medical) level care. This should be identified in the table above.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 46

# 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 haumaruru | 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

Archer Home is part of the Archer Group. The facility is governed by a general manager and a Board of Trustees. The site manager reports to the general manager and has been in the role for five months. The service provides rest home and hospital level care for up to 54 residents. There were 46 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The site manager is supported by a clinical manager. There are implemented quality and risk systems and processes. Feedback from residents and family was very positive about the care and the services provided.

This certification audit identified an improvement is required around care plan evaluations.

## 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.

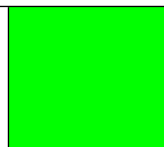


Subsections applicable to this service fully attained.

Archer Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy, and independence. Archer 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.

## 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 2022/2023 strategic and business plan includes a mission statement, vision, values, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff. Internal audits, meetings, and collation of data that have been completed were well documented with corrective actions as indicated. Resident/relative meetings are held bi-monthly. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The service has an annual training schedule for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care. The service

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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 low risk
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

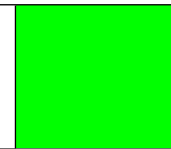
Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist and activities coordinator provide and implement an interesting and varied activity programme which includes resident-led activities and meets the needs of individual residents. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

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

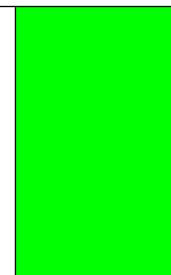


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of bedrooms with full ensuites. There are communal shower rooms with privacy signs. 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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant

personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. A respiratory outbreak was managed appropriately. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. There are documented policies and procedures for the cleaning and laundry services. Appropriate monitoring systems are in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. There are no restraints used at Archer Home. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## 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	26	0	1	0	0	0
Criteria	0	143	0	1	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service considers Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori and all residents in their aspirations. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. There is a Māori health plan, and the service is working towards consolidating links with local iwi. The service currently has residents who identify as Māori. A Māori Chaplain visits weekly and is available to residents. At the time of the audit, there were no staff members that identified as Māori. Plans are underway to promote a Māori workforce.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Eleven care staff interviewed (two registered nurses (RN), one enrolled nurse (EN), seven healthcare assistants (HCA) and one wellbeing team member- activities staff), confirmed their</p>

		<p>understanding of how they interact with the Māori residents and their whānau, and that care is based on the resident's individual values and beliefs. The general manager advised they encourage and support applicants who identify as Māori through the employment process and encourage all staff to participate in ongoing education.</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>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Currently the service has no affiliations with Pacific groups, however, the general manager reported that in the case of a resident identifying as Pasifika, they would be supported to attend any groups and churches as they wished. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The existing Pacific health plan, which is linked to the Māori health plan, does not adequately address Pasifika. There are currently staff who identify as Pasifika. The site manager described how they encourage and support any staff that identify as Pasifika through the employment process. Interviews with staff, residents and relatives, and documentation reviewed identified that the service puts people using the services, whānau, and communities 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-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The site manager or clinical manager discusses aspects of the Code with residents and their relatives on admission. The Code of Health and Disability Services Consumers' Rights is displayed at reception in English and te reo Māori. Discussions relating to the Code have been held during resident/family meetings. Resident meetings are held bi-monthly. The residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>All residents are supported and encouraged to be involved in decision making around care planning and are encouraged to be as independent as able. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to</p>

		<p>residents. There are links to spiritual supports. Church services are held weekly, and a Chaplain is available to residents. Staff have received 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 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>	FA	<p>Archer Home ensure residents' cultural beliefs and values are included in care planning, and always acknowledge their rights to practice their cultural beliefs while receiving services not only to the Māori residents but to all. Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had 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. Residents have control over and choice over activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirm that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place. Cultural and spiritual training has been provided to staff. Residents with disabilities are able to voice their opinion through the bi-monthly resident meetings and the residents' annual satisfaction survey.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>An abuse and neglect policy is being implemented. Archer Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural</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>days are completed to celebrate diversity. The residents' safety, neglect and abuse prevention and security policy is implemented and available for staff to refer to, if required. Staff have been provided with education on how to identify abuse and neglect. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The relatives 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 with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the clinical manager, RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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. Bi-monthly resident meetings are held, and meeting minutes reviewed identified feedback from residents and consequent follow up by the service. 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. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Twelve 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. An interpreter policy and contact details of interpreters is available and 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</p>

		<p>of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice, wound care specialist and DHB specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Regular discussions with residents/families identify feedback and consequent follow up by the service.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed (four rest home and three hospital level care) included signed general consent forms. Residents and relative interviewed could describe what informed consent was and knew they had the right to choose. Resident files reviewed evidenced signed covid and flu vaccination consent forms. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated 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 included in resident files reviewed and rest home. 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 as confirmed during interviews with staff.</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</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The site manager has access to a register for logging record of all complaints, both verbal and written. The site manager and general manager are aware of the complaints process that is required to be followed, including timeframes, investigation and resolution as determined by the Health and Disability Commissioner (HDC). There were 12 complaints logged for 2021 and no complaints have been recorded for 2022 year to date. Complaints are</p>

<p>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>documented in the complaints register and includes evidence of investigation, follow up, and replies to the complainant. Advised by the site manager that staff and the Board would be informed of complaints (and any subsequent corrective actions) via staff meetings and quality and risk meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Families have a variety of avenues they can choose from to make a complaint or express a concern (e.g. email, complaints form, verbal complaint). Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an HDC advocacy brochure. Advocacy brochures are also readily available in the foyer/reception area. There have been no complaints received from the Health and Disability Commissioner (HDC) since the previous audit. The service advised they were anticipating a HDC complaint from 2021, however this had not yet been received.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Archer Home is part of the Archer Group and is governed by a charitable trust board. The Archer Group own four retirement villages, two (including Archer Home) have care centres. The Archer Home Care Centre provides rest home and hospital level care to up to 54 residents. On the day of audit, there were 46 residents in total (27 rest home and 19 hospital level residents). All long-term residents were under the age-related residential care contract.</p> <p>Archer Home is governed by a charitable trust board. The general manager oversees the four sites and reports to the Board monthly. The site manager has been in her role for five months and has over ten years' service with another provider managing newly built retirement village. She reports to the general manager on a variety of operational issues and reports to the leadership, quality and risk meeting held monthly. The clinical manager has been in her role since November 2021 and has previous clinical management and quality experience. They are supported by RNs and long-standing HCAs. The general manager advised that the Board has Māori representation by</p>

		<p>way of a Māori Chaplain/Kuia, who can provide guidance and leadership to the Board at the monthly Board meetings.</p> <p>Strategic and business goals are reviewed at each Board meeting as evidenced in Board meeting minutes reviewed. Archer Home has a current 2022/2023 strategic and business plan that includes a mission statement, vision, values, and operational objectives. The plan reflects the life vision and special character of faith-based care to create a culture of respect and treating others well. A quality plan and annual goals are documented and reviewed through the quality process. The business plan and quality and risk management plans are being implemented. Data such as incidents and accidents and internal audits are discussed at meetings and reported monthly to the Board and general manager.</p> <p>Archer Home policies and procedures are culturally sensitive. Specific policies which target health equity to Māori and tāngata whaikaha needs are included in the Māori Health Plan. Archer Home supports people receiving services and their whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. Where necessary, Archer will continue linkages in the community to further provide quality care for Māori recipients. The general manager and Board are working on strengthening relationships with local Māori providers and iwi. Residents with disabilities are able to voice their opinion through the bi-monthly resident meetings and the resident's annual satisfaction survey.</p> <p>The site manager and the clinical manager have both completed eight hours of professional development related to managing a rest home, including Altura leadership courses, engaging your team, a collaborative approach to achieving outcomes and promoting equality, diversity, and inclusion. Both have also recently completed a comprehensive orientation at Archer Home.</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</p>	<p>FA</p>	<p>Archer Home has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings and to the general manager and Board. Resident meetings are held bi-monthly. Minutes are</p>

<p>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>maintained. An annual resident and relative survey has been conducted for 2021 with positive results and comments relating to the care and services provided at Archer Home. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is working towards meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies have been updated to meet the 2022 standards. New policies or changes to policy are communicated to staff via staff meetings and handovers.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements. Action plans are developed when service shortfalls are identified, and these are monitored by group office. Results are communicated to staff at the monthly staff/quality/risk meetings and reflect actions being implemented and signed off when completed. Communication to staff is enhanced by daily briefings as well as handovers. Residents/relatives are surveyed annually (last completed in October 2021) to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. A review of the satisfaction survey has been actioned with any improvements being addressed. Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori and ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Health and safety policies are implemented and monitored through the quality/risk meetings, weekly clinical meetings, management meetings and through Board meetings. Risk management, hazard control and emergency policies and procedures are in place. A health and safety representative (site manager) was interviewed about the health and safety programme. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that</p>
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		<p>improvements are made. Falls prevention strategies are in place including, (but not limited to): individual and group exercise programme, meeting individual toileting needs, sensor mats, increased monitoring, identification, and meeting of individual needs.</p> <p>All incidents and accidents are recorded electronically, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover. Twelve incident reports for May and June 2022 were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a RN. Neurological observations have been conducted for seven unwitnessed resident falls reviewed with a potential head injury. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the site manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been five section 31 notifications completed in 2022 year to date: two notifications for unstageable pressure injuries (4/4/22 and 6/6/22), two notifications of RN shortages (25/3/22 and 12/4/22) and a notification to HealthCERT and the DHB around a Covid-19 outbreak (22/6/22).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The clinical manager is on call 24/7 for the facility with support from the senior RN. The site manager is on call for any operational issues. Good teamwork amongst staff was highlighted during the HCA interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The clinical manager stated that there had been two notifications of RN shortages in March and April 2022 which were reported to HealthCERT.</p> <p>The general manager (non-clinical) is available Monday to Friday between all sites. The site manager and clinical manager both work</p>

	<p>40 hours per week from Monday to Friday (8.00am to 4.30pm) and are supported by a senior RN who works Monday to Friday from 7.00am to 3.30pm.</p> <p>There are two RNs on the morning shift from 7:00am to 3:30pm. The afternoon shift has one RN, seven days a week from 3.00pm to 11.00pm. There is one RN on the night shift from 11.00pm to 7.00am.</p> <p>The RNs are supported by six HCAs on the morning shift, including one enrolled nurse (EN): 3x 7.00am to 3.30pm, 1x 7.00am to 3.00pm and 1x 8.00am to 1.00pm. The afternoon shift has six HCAs: 4x 3.00pm to 11.00pm and 2x 4.30pm to 9.00pm (both are flexible as needed). There are two HCAs on the night shift from 11.00pm to 7.00am.</p> <p>Other staff include a daily lead chef, kitchenhand, an evening cook, two cleaners each day, and one laundry person (seven days per week). The two activities staff provide activities over 32 hours per week from Monday to Friday.</p> <p>An education programme is in place for 2022. Education in 2022 has been provided around manual handling, skin tear management, fire drill, and hazard and incident reporting. The education programme for 2021 was completed. Training is also available to care staff through Altura online. The education and training schedule lists all mandatory topics. Staff have been provided with cultural training specific to Māori and the Treaty of Waitangi. External training opportunities for care staff include training through the DHB. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 21 HCAs, six staff have completed their level 4-unit standards qualifications, seven have completed their level three qualifications, four have completed level two qualifications and four are at level one.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the online education training package. Annual competencies completed include medication, hand hygiene, use of PPE, fire and emergency training,</p>
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		<p>and manual handling.</p> <p>The clinical manager and three RNs are interRAI trained. Archer Home continues to develop skills in routinely examining quality data collated to monitor the impact of services to achieve health equity for Māori, and to ensure health information is available to all residents.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the site manager’s office in a locked filing cabinet. Nine staff files reviewed (one clinical manager, one RN, four HCAs, one hospitality manager, one activities coordinator and one maintenance person) evidenced implementation of the recruitment process, employment contracts, and police checking. There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed. Completed orientation documentation and up-to-date appraisals were evident in the files reviewed. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A copy of practising certificates is maintained for all health professionals.</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 HCAs to provide a culturally safe environment to Māori. Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Staff wellbeing is recognised through social events that are held outside of work and acknowledging staff contributions and commitment during the Covid-19 pandemic. Employee assistance programmes are made available where indicated. A physiotherapist visits once a week for two hours.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy and electronically. The service utilises an electronic format for all resident information, documentation, and data. Electronic information (eg, policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. 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>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager or site manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised, and residents and family interviewed confirmed that the service openly communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The</p>

		service is working on building relationships with local Māori providers.
<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>	PA Low	<p>The care plan policy and procedure guides staff around admission processes and required documentation, including: interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. There are a suite of comprehensive policies around clinical aspects of care including, (but not limited to): continence, elimination, skin care and pressure management, wound management, personal hygiene, and spiritual health.</p> <p>The care plans on the electronic resident management system were resident focused, individualised and identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement.</p> <p>Seven resident files were reviewed (four rest home and three hospital level care). The clinical manager and registered nurse are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms.</p> <p>All residents have admission assessment information collected and an interim care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files reviewed. Routine interRAI assessments and long-term care plans had been evaluated in six of seven long term resident files. One resident had not been at the service long enough for an evaluation.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The general practitioner (GP) is supported by other GPs from the same medical practice who provide cover for leave. The GP reviews the residents at least three-monthly, or earlier if required. On-call cover is provided by the local 24-hour surgery. The GP (interviewed) commented positively on the care,</p>

		<p>communication, and the quality of the care staff.</p> <p>There was documented evidence of allied health professional involvement in the resident's care and interventions were integrated into care plans. A physiotherapist is contracted to the service for two hours a week, or longer if required. The physiotherapist completes initial physiotherapy assessments of residents' post falls and on request. The physiotherapist is involved in the assessment of equipment for residents and provides staff training in safe manual handling. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into the care plan. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through the local district nursing service.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed did not always identify if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment has been implemented. Behavioural assessments have been utilised where needed. Care plans reflect the required health monitoring interventions for individual residents. Neurological observations have been routinely completed for unwitnessed falls.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be</p>
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		<p>comprehensive in nature. Progress notes are written daily and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family contact is recorded on the electronic database and includes family notifications and discussions.</p> <p>There were five residents (three hospital and two rest home) with one wound each, including: skin tears, surgical site, grazes, and chronic skin lesions. Incident reports are completed for wounds occurring from an incident. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan, and evaluations. On interview the clinical coordinator advised the district nurse and GP have input into chronic wound management, however, this is not currently required. An electronic wound register is maintained. Registered nurses have attended wound management training.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>The service is working towards reviewing systems and processes to support future Māori to identify their own pae ora outcomes. The service supports all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p>
Subsection 3.3: Individualised activities	FA	The organisational activities programme is overseen by a qualified well-being manager who supports the activities team at Archer Home for ten hours per week. Activities are provided Monday to Friday 10:30

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>to either 3:30 or 4:30pm. The two on-site wellbeing team members work 20 and 16 hours a week respectively. One member of the team is working towards completion of a diversional therapy qualification.</p> <p>A comprehensive and personalised resident social profile includes a tree of life, a personalised biography of the resident’s life including memorable events and an activity assessment including physical, social, cultural, spiritual, and sensory requirements. The activity assessments and resident profile inform a paper-based “simply me” detailed 24-hour daily routine. Assessment information is incorporated in the activities section of the long-term care plan. Individual activities plans were seen in resident files reviewed. A continuing journey section is documented monthly, and the activities component of the long-term care plan is evaluated six-monthly. The service receives feedback and suggestions for the programme through one-on-one conversations, monthly forums, bi-monthly resident meetings, and resident surveys. At a recent monthly forum where residents have input into the following months programme, suggestions for the next armchair travel destination were decided. The well-being team endeavours to identify previous hobbies and interests and include these in the planner. The overall programme has integrated activities that is appropriate for the cohort of residents. The activities are displayed and include mobility exercises, keep fit classes, circle bowls, bowls, walking groups, indoor croquet, word games, quizzes, board games, sing-a-longs, housie, armchair travel, arts and craft and household activities of resident’s choice. Activities staff are supported to maintain links with the local community including those which meet the needs of Māori residents and their whānau.</p> <p>Special outings (subject to Covid restrictions) include sightseeing trips, picnics, and café outings. Seasonal celebrations include, but are not limited to: ANZAC Day, Easter crafts and church services, St Patricks day, Father’s Day, Mother’s Day and recently, a mid-winter banquet with a focus on the Queens jubilee celebrations. Matariki was celebrated with craft and a display of each star along with Māori names and a You-Tube presentation on the meaning and importance of Matariki. Placemats featuring the NZ flag and Matariki icons, coloured lights and decorations in the dining room identified the special occasion. The programme allows for flexibility and resident</p>
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		<p>choice of activity. Many activities are resident led. There are plentiful resources. Community visitors include entertainers, volunteers, and church services when Covid restrictions allow. A chaplain visits twice a week or more often, if required for residents on palliative care. Residents are encouraged to maintain links to the community. There are several lounges and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p> <p>The residents and relatives interviewed were happy with the variety of activities provided, enjoyed attending the activities and the opportunity to contribute to the programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room. Registered nurses and medication competent HCAs complete annual competencies and education. Regular and 'as required' medications are administered from prepacked blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were two rest home residents self-medicating metered dose inhalers and one rest home resident self-medicating lubricating eye drops. Medications were stored safely in the resident's room. Self-medication assessments had been completed for all residents self-medicating and are reviewed three-monthly by the GP.</p> <p>The medication fridge temperatures are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Medication room air temperatures are currently monitored. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with</p>

		<p>residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system and in progress notes.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system. The service is working towards providing appropriate support advice and treatment for Māori.</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 food services are overseen by a hospitality manager. All meals and baking are prepared and cooked on-site by experienced chefs/cooks who are supported by morning, and afternoon kitchenhands. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered dietitian – last conducted October 2021. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining rooms. Prior to Covid, the service offered a buffet service for the midday and tea meals and it planned to re-introduce this option as soon as possible. Kitchen staff and HCAs interviewed understood basic Māori practices in line with tapu and noa.</p> <p>Residents may choose to have meals in their rooms. The food control plan is due to expire 30 December 2022. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. The service has introduced a Wi-Fi temperature recording system which automatically records all fridge and freezer temperatures and sends a report to the site manager. Manual recordings of fridges and freezers are continuing as</p>

		<p>new processes are established. All perishable foods were dated, and dry goods were labelled with expiry dates. Cleaning schedules are documented. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the cook. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meals.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the medication management system and is graphed. The long-term care plan section for nutritional needs, included food and fluid texture requirements and any swallowing difficulties. These sections were completed in the seven resident files reviewed. The chef is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The service is proactive around referrals to appropriate health and disability services and supports residents to access social supports and kaupapa Māori agencies as required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	FA	<p>The building holds a current warrant of fitness which expires 1 February 2023. The service has recently completed significant refurbishments to the lounge, dining room, reception and foyer areas</p>

<p>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>and bedrooms including carpet, painting, new furniture, drapes, and bedding. Ceiling hoists have been installed in 31 rooms. On interview, residents and families were complimentary around the changes and commented positively about the quality of the refurbishments.</p> <p>The maintenance request books for repairs and maintenance requests are located at reception, the nurse's station and in the kitchen. This is checked daily, and actions are transferred to a computer spreadsheet and signed off when repairs have been completed. 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/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed. Medical equipment, hoists and scales were checked and calibrated in October 2021. A maintenance person is employed for 25 to 30 hours per week and is overseen by a property manager who manages all Archer sites.</p> <p>A team of two gardeners are employed for two days a week to maintain gardens and grounds. Resident rooms are refurbished if required as they become vacant. The corridors are of sufficient width to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have sufficient equipment including mobility aids, wheelchairs, electronic chair scales, pressure injury resources, and ceiling, sling, and standing hoists to safely deliver the cares as outlined in the residents' care plans.</p> <p>There are sufficient numbers of communal toilets and bathrooms for the residents who do not have ensembles. 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 required. There are privacy signs on all shower/toilet doors in English and te reo. Residents confirmed staff respect their privacy while attending to their hygiene cares. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to</p>
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		<p>accommodate shower chairs and commodes. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. All bedrooms and communal areas have ample natural light and ventilation. The service has radiators in all rooms and in communal areas run by boilers using reticulated gas with a heat pump in the medication room. Residents interviewed stated that the environment was warm and comfortable. The service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction.</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. All potential emergencies are listed in emergency flip charts, located in key areas throughout the facility. A number of staff including all management, duty leaders, healthcare assistants and building wardens are trained in emergency responses. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. All staff receive handbooks and instructions on emergency procedures at orientation. Emergency management 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>Fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and was last held in May 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. The clinical office also has a well-stocked kit containing first aid kits, torches, batteries, radios etc and a third store has been set</p>

		<p>up in the maintenance area where portable toilets, cleaning and maintenance gear are stored. In the event of a power outage, there is a generator available, emergency lighting and gas cooking. There are adequate supplies of bottled and tank water stores to provide residents and staff with three litres per day for a minimum of three days.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of 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 manner.</p> <p>The building is secure after hours and staff complete security checks at night. Currently under Covid restrictions, visiting is restricted. Visitors are instructed to press the doorbell for assistance.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager oversees infection control and prevention across the service. The job description is included in the clinical manager position description and outlines the responsibility related to the infection coordinator role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted twice a year. The site manager and general manager are part of the quality team where infection matters are raised. The board and management team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. Infection rates are presented and discussed at quality and risk meetings and to monthly Board meetings. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local DHB.</p>

		<p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform a rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the external consultant in consultation with infection control specialist. There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved by the board, who receive monthly reports around infection control matters. The designated infection control (IC) coordinator is the clinical manager. The infection control team includes a representative from each area. Meetings are held monthly.</p> <p>During Covid-19 lockdown, there were regular zoom meetings with the DHB Aged Residential Care CNS which provided a forum for discussion and support for facilities. 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 should this occur. Adequate PPE stocks were sighted in a dedicated storage area. There are outbreak kits readily available and a personal protective equipment cupboard.</p> <p>Archer Home preparation involved delivery of significant supplies of personal protective equipment including N95 masks and face shields, gloves, aprons, hand sanitiser, oxygen cylinders. Regular stocktakes ensured there was always ample supplies on site and readily available. The ICC has input into the purchase of appropriate protective clothing and equipment where appropriate. Communication</p>

		<p>from the Ministry of health and infection control nurse specialist from the public hospital is communicated to staff at meetings and by printing and posting on noticeboards.</p> <p>The infection control coordinator has completed external education on infection prevention and control, including Covid management over the previous 12 months and there is good external support from the GPs, laboratory, and the IC nurse specialist at the local hospital. 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. All staff completed infection control education. Staff have completed handwashing and personal protective equipment competencies. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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 is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and newsletters. The service is not planning significant changes to the existing building or new building, however, if they were, management advised they would seek clinical input from an infection control perspective.</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>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Prescribing patterns of medical practitioners who access the facility are also monitored. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p>



<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Archer Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality/risk meetings and staff meetings. Meeting minutes and infection information are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from the DHB for any community concerns. There has been a respiratory syncytial virus (RSV) outbreak and a Norovirus outbreak in August 2021 and a Covid outbreak in April and May 2022. Each outbreak was managed appropriately and reported to Public Health and the DHB.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub located within the laundry with personal protective equipment available including a face visor. Staff have completed chemical safety</p>

<p>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>training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Personal laundry, blankets and bedspreads are processed on-site by a dedicated laundry person for three hours a day, across seven days. Sheets and towels are outsourced to a commercial laundry, collected, and returned daily. The laundry has a defined clean/dirty area with two door entry/exit. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are cleaning staff rostered seven days a week. The cleaners' trolleys were attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider, who also monitors the effectiveness of chemicals and the laundry/cleaning processes. Staff have completed chemical safety training.</p> <p>Kitchen cleaning processes are guided by policies and the food control plan. Cleaning schedules are documented and monitored through internal audits.</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>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 clinical manager describes how she would work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free. The clinical manager/restraint coordinator interviewed described the focus on maintaining a restraint-free environment.</p> <p>The use of restraint (if any) would be reported in the monthly quality meetings. Episodes of challenging behaviours and strategies implemented to prevent behaviour outbursts are discussed as frequently as daily, at handovers and staff meetings. Observations during the audit confirmed that staff are skilled in managing residents with behaviours that are challenging. Incident reports and behaviour</p>

		monitoring charts are utilised to document challenging behaviour as appropriate.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different</p>	PA Low	All files of residents who required six-monthly reviews had these completed in required timeframes. Two residents had not been at the facility for six months and did not require evaluations.	Four of five residents who had evaluations of their care plan completed did not evidence progress towards meeting goals.	<p>Ensure evaluations include progress towards meeting goals</p> <p>90 days</p>

from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.