

# Aberleigh Rest Home Limited - Aberleigh Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Aberleigh Rest Home Limited

**Premises audited:** Aberleigh Rest Home

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 15 June 2022 End date: 16 June 2022

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 57

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Aberleigh Rest Home is part of the Dementia Care New Zealand group, providing rest home, hospital, dementia, and psychogeriatric level of care for up to 62 residents. On the day of audit, there were 57 residents.

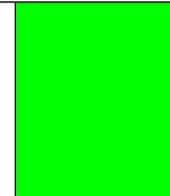
This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents,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

The operation manager is appropriately qualified and has been in the role since 2014 and is supported by a clinical manager (registered nurse). There are robust organisational quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

This certification audit identified shortfalls around staffing, and timeframes of assessments.

## 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.



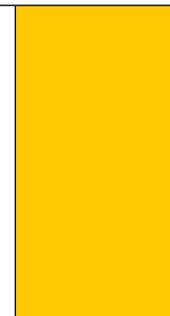
Subsections applicable to this service fully attained.

Aberleigh provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Aberleigh 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Services are planned, coordinated, and are appropriate to the needs of the residents. An operations manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Aberleigh Rest Home has a well-established quality and risk management system that is directed by Dementia Care New Zealand. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Aberleigh Rest Home provides clinical indicator data for the four services being provided (hospital, rest home, dementia, and psychogeriatric care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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 low risk.
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Residents and families are provided with an admission package prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general or nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings subject to Covid restrictions, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan has been registered.

## **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 has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised and there is ramped access available to outside areas. The dementia and psychogeriatric units are secure with secure enclosed outdoor areas.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

## 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.

A suite of infection control policies and procedures are documented. The pandemic plan has been developed by the clinical governance team with input from infection control expertise. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Advisory Board.

The infection control coordinator is a registered nurse with support from the clinical manager. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources including the local laboratory and the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated support staff, who provide all cleaning and laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. There is currently one resident with a restraint in the form of a H belt. Restraint assessment, interventions, monitoring, and evaluation have been completed. Restraint minimisation training is included as part of the annual mandatory training plan. An orientation booklet and annual restraint competencies are completed. The service considers least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. Aberleigh is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.

## 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	1	0	0
Criteria	0	163	0	1	1	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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>Dementia Care New Zealand recognises the importance of tāngata Māori (their cultural heritage). The service has residents who identify as Māori residing at the facility, and care plans reflect their cultural preferences. The draft organisational Māori Health plan includes Māori representation in governance, supporting Māori to influence, improve and enrich services, expansion of Māori workforce across all roles, and embedding Te Tiriti o Waitangi across all areas of care and service delivery. Aberleigh has links with the local Omaka Marae.</p> <p>The resident’s iwi is identified on residents’ files. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. There were no staff who identified as Māori on the day of audit. Regular cultural training for staff with an emphasis on Te Tiriti o Waitangi and annual cultural competencies guide the staff in responding to and supporting the values and beliefs of all residents. The service supports increasing Māori capacity by employing more Māori staff members. Ethnicity data is gathered when staff are employed, and</p>

	<p>this data is analysed at organisational level. An updated Māori health plan will focus on improving te reo Māori skills among staff, developing better connections with local iwi and improving staff understanding of Māori health inequities to improve care plans. The draft organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the treaty principles and enabling residents and their whānau to direct their care in the way they choose. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. All new staff are trained in tikanga and are trained on how to embed Te Tiriti o Waitangi into all aspects of care.</p> <p>Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Interviews with five caregivers (one from dementia unit, one from the psychogeriatric unit, three from hospital and rest home), two registered nurses (RN's), one diversional therapist, one head chef and one home assistant described examples of providing culturally safe services in relation to their role. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making, that supports their health and wellbeing.</p> <p>Dementia Care NZ is in the process of updating its Māori health plan with a focus on improving the cultural care, further developing partnerships with local iwi, improving staff knowledge and practise of tikanga, and improving Māori language skills. Care plans include the physical, spiritual, family, and mental health of the residents. The clinical manager described the use of Te Ara Whakapiri for end-of-life care. Interviews with residents (including those who identify as Māori) confirmed that the service is proactive to supporting Māori and confirmed their voice is listened to and needs were being met.</p> <p>The executive management team and directors are committed to supporting the Māori health strategies by seeking to appoint a Māori representative to work with the advisory board to identify and analyse variances in Māori health (e.g. infection control and adverse events).</p>
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		The service's "vision, values and the work that we do", statements are widely distributed in te reo and English. The governance body monitors key metrics on equity, including the number of staff and residents identifying as Māori. Aberleigh has access to a cultural advisor who is available to provide training to staff and assistance and guidance for Māori residents.
<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 residents state their ethnicity. The clinical 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. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>Dementia Care New Zealand is working towards completion of a Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific Health plan. The draft organisational Pacific Health Plan includes Pacific representation in governance, feedback from Pasifika receiving services, actively recruit, train, and retain Pasifika workforce responsive to the Pacific populations needs. The service is developing Pasifika linkages through community activities, and church groups where relevant, to residents' preferences and needs.</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 is currently staff members that identify as Pasifika.</p> <p>Interviews with staff, management, six residents, four family members, and documentation reviewed, identified that the service puts people using the services, families, and the Blenheim community at the heart of their service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	Dementia Care New Zealand policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the

<p>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>		<p>Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori. Monthly resident meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency.</p> <p>The six residents (one hospital and five rest home), four family members (two psychogeriatric, one hospital and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to recognise Māori Mana Motuhake. Interactions observed between staff and residents were respectful.</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>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Care staff and registered nurses interviewed confirmed with examples provided that the things that are important to residents, shape the care and support they receive. Staff are trained around the Code of Rights at orientation and through the Dementia Care New Zealand orientation package. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview.</p> <p>Dementia Care NZ delivers training that is responsive to the diverse needs of people accessing services and training provided in 2021 and 2022 included, (but not limited to): sexuality/intimacy, embracing diversity, bi-cultural awareness, advocacy, and Code of Rights. Staff already receive education on bi-cultural awareness; the content is in</p>

		<p>the process of being further reviewed by Dementia Care New Zealand. Matariki, Waitangi Day and Māori language week are celebrated at Aberleigh Rest Home.</p> <p>There are policies on intimacy and sexuality, physical privacy and cultural sensitivity and safety which are understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and a chaplain is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2021 six weeks post admission resident and family survey identified a high level of satisfaction around values, beliefs, cultural and spiritual needs.</p> <p>During the development of the resident's care plan on admission, residents' values, beliefs, and identity are documented in initial assessments, resident profiles, about me and life story. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic care plans identified residents preferred names. During care planning with the resident and their important people, the resident's values and beliefs are discussed and the ways in which Aberleigh can provide support for their spiritual and cultural preferences.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents</p>
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		<p>interviewed stated they had choice, and they are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The Abuse &amp; Neglect policy includes definition for emotional, physical, sexual, financial and neglect. The organisation policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service provides education on cultural safety, abuse and neglect awareness, professional boundaries, and embracing diversity training. Staff are encouraged to address the issue, however, if they are not comfortable, they are supported by management to do so. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The abuse and neglect of the elderly policy is implemented. 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 interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns.</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.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>There is an incident reporting policy and reporting forms that guide staff to their responsibility to notify family of any resident accident/incident that occurs. Fourteen incident forms selected for review evidenced that family are informed of accident/incidents. Relatives interviewed confirmed that they are informed promptly when their family member's health status changes, if there has been an adverse event, and when referrals to other services may be required.</p> <p>Resident meetings occur monthly. Meeting minutes evidenced residents provide feedback and suggestions around all aspects of the service. The information pack and admission agreement include payment for items that are not subsidised.</p> <p>Residents and family interviewed confirmed they are welcomed on entry and are given time and explanation about the services and procedures. Specific and written information is provided to families about the unique aspects of the dementia unit. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>Interpreter policy and contact details of interpreters is available. During the audit there were no residents who were unable to communicate in English.</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</p>	<p>FA</p>	<p>There are policies around informed consent. There is a comprehensive booklet - 'a guide for residents, EPOAs and families' available for potential residents and their family/whānau. Informed consent processes were discussed with residents/whānau/families on admission. Eight electronic resident files were reviewed, four hospital, one rest home, two in the psychogeriatric unit, and one resident on a rest home dementia contract. All files had written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consents had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with caregivers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>and undertaking personal cares.</p> <p>Enduring power of attorney evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. In Koromiko Home (dementia) and Matai Home (psychogeriatric), there were activated enduring powers of attorney (EPOA) in place for residents; for the two residents who did not have enduring powers of attorney, there was a process in place for this to be done.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, there was a medically initiated resuscitation decision. There was documented evidence of discussion with the enduring power of attorney. Discussion with family members/whānau identified that the service actively involves them in decisions that affect their relative's lives.</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 organisational complaints policy is being implemented. The complaints policy includes use of te reo and reference to supports for Māori residents to ensure the process works equitably for Māori residents. The operations manager has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The operations manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>There was a total of six complaints since the previous audit in January 2021, and three complaints year to date in 2022. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints other than the latest DHB complaint are documented as addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes). Residents and relatives interviewed are aware of the complaint process and reported they felt comfortable discussing any issues with the district health</p>

		<p>board, registered nurses, or the management team.</p> <p>The service received a complaint via the district health board (DHB) in April 2022, all recommendations are either implemented or in the process of implementation. Another complaint received through an external agency was received in February 2022 and evidenced satisfactory resolution with the two concerns raised.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms and advocacy service pamphlets are easily accessible on the noticeboards at the entrance to the facility.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Aberleigh Rest Home provides rest home, hospital, dementia, and psychogeriatric level of care for up to 62 residents. On the day of audit there were 57 residents. There were 19 rest home residents (including one resident under long term support- chronic health contract (LTS-CHC), 15 hospital residents (including one LTS-CHC), 16 dementia care (including one under LTS-CHC) and 7 psychogeriatric level of care (all under the age-related hospital specialist services contract). The remaining residents were under the age-related residential care contract.</p> <p>There is a resident focus on individualised care in small homes and specialist dementia understanding. There are five smaller home environments for residents at Aberleigh Rest Home: Kowhai – a 10 bed rest home and hospital, Ngaio –a 15 bed rest home and hospital, Ngaio -a 10 bed rest home and hospital, Koromiko – an 18-bed dementia home and Matai – a nine bed psychogeriatric home.</p> <p>Dementia Care NZ Limited (DCNZ) is the parent company under which Aberleigh Rest Home operates. Dementia Care New Zealand has a corporate structure that includes two managing owner/directors and a governance team of managers including an operations management leader, quality systems manager, public relations and marketing manager and a strategic communication, engagement and governance advisor, clinical advisor, two regional clinical managers (north and south), and an education/mental health nurse. A new</p>

	<p>position has recently been established for a strategic communications advisor. The national educator, regional clinical manager, quality system manager and an owner/director were present during the audit. The organisation is planning to implement an advisory board to formalise existing relationships with advisors as well as bringing in further governance expertise</p> <p>The organisation holds an annual training day for all operations and clinical managers. The two-day conference for operations managers was held June 2021 and the two-day clinical manager professional development day was held in April 2021. Repeat clinical days for 2022 have been disrupted due to Covid. The operations manager reports a low staff turnover.</p> <p>Dementia Care New Zealand organisation is currently in the process of employing a cultural advisor to advise the board and work in partnership with Māori to ensure updating of policy and procedure within the company to enhance Te Tiriti partnership, reduce inequity and improve equality. Policies reviewed demonstrate commitment to the new standards. The cultural advisor will consult with and report on any barriers to the senior management team, advisory board and managing directors to ensure these can be addressed. The service consults with resident and whānau for input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>Dementia Care New Zealand has an overarching strategic plan 2021 to 2024 and a related business plan (2021-2022) that is developed in consultation with managers and reviewed annually. The overall business plan includes the vision, values and “the work we do” documented in English and te reo. The organisation vision includes acceptance of all people with kindness and love, provision of peace comfort and striving to achieve this vision with openness, honesty and integrity and passion. The strategic plan identifies Māori equity as a principal driver for success alongside Pasifika community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights, Manaakitanga wellbeing, whanaungatanga social organisation of whanau, hapu and iwi, wairuatanga spiritual comprehensive and integrated services, kaitiakitanga guidance, consistent evidence-based services and kotahitanga unity of purpose.</p>
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		<p>Business goals for Aberleigh include, but are not limited to marketing, information technology system implementation, professional development, and addressing RN and GP shortages. Aberleigh Rest Home quality goals are reviewed at the monthly quality improvement meetings. On interview, the owner director confirmed DCNZ is committed to supporting and improving outcomes for all inclusive of cultural identity, spirituality and respecting the connection to family, whānau and the wider community. Staff received training on embracing diversity in June 2022. Dementia Care NZ advisory staff are reviewing cultural policies and the Maori health plan with a focus on improving understanding and improving knowledge and practise of tikanga and improving Māori language skills. The focus includes the directors, the governance and advisory teams and all staff.</p> <p>The site operations manager (non-clinical) has been in the role eight years and reports to the operations management leader at head office. The clinical manager has been employed in the role for three years and is supported by the regional clinical manager.</p> <p>The operations manager and clinical manager have both attended Zoom DHB meetings including Covid-19 education through the DHB and DCNZ. Both managers are supported by the organisational team who visit the site regularly and directors who each visit Aberleigh once or twice a month.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems</p>	FA	<p>Aberleigh Rest Home is implementing a quality and risk management programme which includes a current quality risk management plan, residents event analysis plan, health and safety plan and infection control plan. All plans are reviewed by the quality improvement team at the site monthly meetings. The implementation of the Cultural Advisor position is in progress, this person will ensure that organisational practices from the board down to individual facility operations improve health equity for Māori. DCNZ is implementing a quality management framework using a risk-based approach to improve service delivery and care. The organisation has a focus on improving health equity through critical analysis of organisational practices including the review of policies and processes to ensure all care staff deliver high quality health care for Māori. Goals are</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>established and progress reported at all levels of the organisation.</p> <p>The service has policies and procedures to support service delivery for all levels of care and includes policies related to medical services. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The policy document development and review group at head office review policies in consultation with relevant staff and distribute to the facilities. Policies have recently been reviewed to meet the Ngā Paerewa Health and Disability Service Standards. A number of policies were in draft form at the time of the audit. New policies or changes to policy are communicated to staff.</p> <p>The operations manager and clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls, behaviour incidents, bruises, pressure injuries, skin tears, infections, medication errors and restraint use. Data is collated for benchmarking and results reported back to the facility for quality improvement plans if required.</p> <p>The clinical manager completes a weekly report which is sent to the regional clinical manager. The clinical manager also produces a monthly clinical bulletin which includes resident related concerns, clinical data, analysing and trending data, corrective actions, clinical audit outcomes and clinical benchmarking results. The report is reviewed and sent to the clinical governance meeting at organisational level. The information is then forwarded to the general operational meeting which is attended by both directors.</p> <p>The operations manager produces a monthly bulletin which includes current risks, audit outcomes, family feedback and general overview from facility meetings. There are monthly quality improvement meetings, health and safety meetings, monthly infection committee meeting, resident event analysis management meetings, activities, clinical meetings, and six-monthly restraint review meetings. Meeting minutes and monthly bulletins are available for all staff in the</p>
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		<p>staffroom. Discussions with staff confirmed their involvement in the quality programme. Work is underway to assess competency to ensure a high-quality service is provided for Māori.</p> <p>The internal audit schedule for 2021 has been completed and 2022 is being completed as scheduled. Internal audits cover all clinical, non-clinical and environmental areas. The audits are delegated to the relevant person or coordinator. Areas of non-compliance identified at audits (less than 100%) have corrective action plans developed and signed off as completed. Re-audits are completed as required. Audit results are discussed at meetings and documented in minutes and the monthly bulletins.</p> <p>The service receives feedback from a number of surveys including six-week post-admission and respite care follow up. Resident surveys and enduring power of attorney (EPOA) surveys for 2021 demonstrated satisfaction with all aspects of care, communication, activities, maintenance, cultural and spiritual, and nutrition with an identified improvement required around laundry services. The laundry processes were reviewed, and changes implemented. Survey participants are informed of results in newsletters, by email or at resident meetings. Quality improvements are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The service has implemented a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. Two home managers (interviewed) have been the health and safety representative for six years. The health and safety committee meet monthly and review accidents/incidents, hazards, and occupational health. The two home managers on the committee have attended health and safety training. All staff and contractor's complete health and safety induction. Health and safety training is included in the annual education plan. The hazard register is reviewed three-monthly. The internal audit schedule includes hazard identification, monitoring and recording and environmental audits.</p>
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<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</p>	<p>PA Moderate</p>	<p>There are systems in place to ensure all staff attend mandatory training, complete annual competencies, and continue to receive support to ensure residents receive equitable support. DCNZ has clinical governance systems in place to encourage the collecting and sharing of Māori health information. The annual training programme exceeds eight hours annually. The training programme for 2022 education schedule covers all required topics and includes clinical in-</p>

<p>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>service. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. Staff have received recent education on pressure injury prevention and management. The activities planner includes exercises and walks as regular scheduled sessions. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers and the operations manager have a current first aid certificate. Activities and care staff who are required to drive the van have a current first aid certificate and driver's license on file.</p> <p>The national educator is a registered mental health nurse and Careerforce assessor. He provides regular staff training on the 'best friends' model of care, challenging behaviours, de-escalation and disengagement and has recently introduced 'Changing Minds' (a changing approach to dementia care). All staff are required to complete Best Friends sessions one and two. Recent education in response to a complaint has been provided on pressure injury prevention and management, sensory stimulation for dementia and psychogeriatric residents, the appropriate use of 'as required' medication and medication reviews.</p> <p>There are 35 caregivers employed at Aberleigh and 28 have attained the required NZ dementia qualifications. The remaining seven have been employed for less than 18 months and are actively progressing towards achieving this. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Sixteen caregivers have achieved their level four health and wellbeing, or equivalent qualification and two staff are working towards completion of level four. The remainder either have level three or are working towards completing it. Three caregivers are currently working on their diversional therapist qualifications. The cooks have completed required unit standards.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments including, (but not limited to): infection control, restraint, fire, hoist and safe</p>
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		<p>handling, medication, and insulin competencies. At the time of the audit there were six RNs (including the clinical manager) employed at Aberleigh. Three RNs (including the clinical manager) have completed interRAI training.</p> <p>A policy is in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The operations manager and clinical manager RN work Monday – Friday.</p> <p>The operations manager is on call for non-clinical matters and the clinical manager provides on-call after hours for all clinical matters. When the clinical manager is on leave, a senior RN provides support. The regional clinical manager is available for back-up telephone support.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>There is a RN on duty in the rest home/hospital home on the morning and afternoons shifts and one RN in the psychogeriatric unit on the morning and afternoons shifts. There is one RN on night duty based in the psychogeriatric home who also oversees the dementia home and rest home/hospital homes. However, this does not meet the staffing requirement around a shared RN on night shift as there are currently more than 50 residents across the facility. The service is actively recruiting two more RNs and aim to have two RNs on night duty (one in the rest home/hospital and one in the psychogeriatric unit).</p> <p>Staffing is as follows:</p> <p>Kowhai home: (10 dual purpose beds) currently with 10 hospital level of care residents</p>
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		<p>Morning shift: two caregivers 7 am-3 pm</p> <p>Afternoon shift: two caregivers - one from 3 pm-11pm and one from 3 pm-8 pm.</p> <p>Night shift: one caregiver (11 pm to 7 am).</p> <p>Ngaio home (15 dual purpose beds) currently with 2 hospital level and 13 rest home residents</p> <p>Morning shift: three caregivers - one caregiver from 7 am-3 pm, one from 7 am-12.30 pm and one from 8am to 1pm</p> <p>Afternoon shift: two caregivers - one from 3 pm-11 pm and one from 4.30-9 pm</p> <p>There is a home assistant on duty from 8 am-1 pm and from 4.45 pm-7.45 pm.</p> <p>A diversional therapist is rostered from 10am to 4:30pm, seven days a week across Kowhai and Ngaio.</p> <p>Ngaio: (10 dual purpose beds) currently with two hospital residents and seven rest home residents.</p> <p>Morning shift: two caregivers – one from 7 am-3 pm and one from 7 am-12.30 pm</p> <p>Afternoon shift: two caregivers - one from 3 pm-11 pm and one from 4.30 pm-8 pm</p> <p>Night shift: one caregiver from 11 pm-7 am.</p> <p>One Activities coordinator 1:30pm to 4:30pm</p> <p>Matai (nine psychogeriatric beds) currently with seven residents.</p> <p>Morning shift: two caregivers – one from 7 am-3 pm and one from</p>
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		<p>7am to 12:30pm</p> <p>Afternoon shift: one caregiver - one from 4:30pm -9 pm and one RN from 3 pm-11 pm</p> <p>Night shift: RN on duty. Assistance if required is provided by the caregivers from the rest home/hospital.</p> <p>There is one activities coordinator from 1:30 to 4:30pm on duty seven days a week.</p> <p>Koromiko (18 bed dementia home) currently 16 residents.</p> <p>Morning shift: two caregivers from 7 am–3 pm, one home assistant from 7am to 1pm</p> <p>Afternoon shift: two caregivers from 3 pm-11 pm and one home assistant from 4:30pm to 8pm</p> <p>Night shift: There is one caregiver on from 11 pm-7 am.</p> <p>There is an activities coordinator from 10am to 4:30pm seven days a week</p> <p>The home assistants compete laundry and cleaning duties. There is a home assistant on night duty who works across all the facility.</p> <p>There is a cook on duty daily from 6.45 am - 5.15 pm and a tea assistant from 4.45 pm - 7 pm.</p> <p>Sufficient caregivers are rostered on to manage the care requirements of the residents. Staff are allocated to homes and know the residents well. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Relatives interviewed stated there were sufficient staff on duty when they visited.</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 comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (one clinical manager, two RNs, one home manager/caregiver (H&amp; S representative), one caregiver, one diversional therapist and one cook) included a signed employment contract, job description, police check, orientation paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</p> <p>An electronic register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>All newly employed staff complete a workplace induction prior to commencing a role-specific orientation programme. There are self-directed learning packages for infection control, health and safety and restraint. Staff interviewed could describe the orientation process and stated that they believed new staff were adequately orientated to the service. All seven staff files reviewed showed evidence of orientation to roles with competency packages completed. Competencies are completed relevant to the role including medication administration, safe manual handling, restraint minimisation and safe practice, safe food handling, infection control, advocacy and abuse and neglect, cultural awareness, and chemical safety.</p> <p>Information held about staff is kept secure and confidential. Staff ethnicity data is identified and stored at an organisation level in an employee database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events that are held outside of work (Covid-19 allowing), celebrating the employee of the month in staff meetings. Employee assistance programmes are made available where indicated. Staff are supported to maintain their own health with the</p>
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		organisation providing subsidised visits to the GP.
<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>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or RN including designation. Any paper-based documents are kept in a locked cupboard in the nurses' station. Paper-based resident information is archived and remain on site for two years then are transferred to an offsite secured location to be archived for ten years. The service is in the process of scanning and uploading current residents paper documentation into the electronic system.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The operations manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents/families/whānau at entry with specific information regarding admission to the rest home, hospital and dementia and psychogeriatric units. Aberleigh has existing links with organisations that provide support to residents who identify as Māori, these include, but are not limited to, Māori health organisations to improve health outcomes.</p> <p>The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families. Resident agreements contain all detail required under the aged residential care contract. The eight admission agreements reviewed meet the requirements of the ARRC and ARHSS contracts and were signed and dated. Exclusions from the service are included in the admission agreement.</p>

		<p>The operations and clinical managers are available to answer any questions regarding the admission process. The service 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. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile, however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The clinical manager reported they are working towards strengthening links to local Māori health practitioners and Māori health organisations to improve health outcomes for future or Māori residents.</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>The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review of care plans.</p> <p>Eight resident files were reviewed (one rest home, three hospital-including one LTS-CHC, and two each from the psychogeriatric and dementia homes). A registered nurse is 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. This is documented in progress notes and all communication is linked to the electronic system.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Four of the eight files reviewed had an interRAI assessments. All required initial long-term care plans had been completed with required timeframes, however, the interRAI did not fully inform the care plans.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Care plans have been reviewed within the required timeframes.</p>

		<p>The long-term care plan includes sections on personal history and social wellbeing, mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognitive function, and behaviours, resident identity, and cultural awareness, spiritual, sexuality, intimacy, social and cultural activities. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. Each resident who has identified as Māori has a cultural care plan in place.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative/whānau form the basis of the long-term care plans. The service is working towards reviewing systems and processes to support future Māori to identify their own pae ora outcomes. The staff interviewed describe supporting 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> <p>There was one resident who required restraint; an H belt which was being used appropriately and monitored as per the restraint policy. All residents in the Matai - psychogeriatric and Koromiko (rest home and dementia homes) have behaviour assessment, monitoring, and a behaviour plan. This includes a 24-hour care plan with associated risks and support identified, as well as strategies for managing/diversion of behaviours. On the days of audit, tray tables were observed in use for residents at morning and afternoon teatime and lunch in the Matai home and removed following their intended use.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The GP/NP reviews the residents at least three-monthly or earlier if required. The NPs visit twice a week and if required. The local hospital provides on-call after hours services. Two NPs (interviewed) commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A</p>
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		<p>podiatrist visits regularly. Local hospice and wound care specialist nurse are available 'as required' through the local DHB. The physiotherapist is contracted to attend to residents as required.</p> <p>The caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Handovers were observed during the audit. Caregivers document progress notes on each shift and as necessary by the NPs and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or change in health status or to complete regular RN reviews of the care provided. Registered nurses record an update on each rest home and dementia rest home resident each week.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP/NP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>The service had thirteen wounds, including: three stage 2 pressure injuries, one chronic wound, one abrasion, one lower leg ulcer, four skin tears, two blisters and a malignancy requiring dressing. All assessments and wound management plans including wound measurements were reviewed. The wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound specialist, district nursing and the GPs as required. The RNs and caregivers 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>Care plans reflect the required health monitoring interventions for</p>
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		<p>individual residents. Monitoring charts included (but not limited to): weights, observations included vital signs, blood glucose levels, weight, turning schedules and fluid balance recordings. All monitoring charts were implemented according to the care plan interventions. The electronic system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts including observations, behaviour charts, bowel chart, blood pressure, weight, food, and fluid chart, turning charts, blood sugar levels and toileting regimes, and this information informs long-term care plans. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Documented evaluations reviewed identify the resident progress towards meeting goals. The RN documents in the progress notes for the rest home and Koromiko (dementia home) residents weekly, reporting on the achievement of the residents' goals. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) meeting. Families are invited to attend the MDT meetings six-monthly. Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is a dedicated activities coordinator or diversional therapist in each of the homes. Activities are provided seven days per week in Koromiko (dementia) and Matai (psychogeriatric). At present they are recruiting for a new staff member in the Matai (psychogeriatric) Home. The hours of work are 30 hours per week in the rest home hospital area (five days) and 10am to 3pm in the dementia area and 1:30pm to 4:30pm in Matai Home.</p> <p>The activities programmes are developed by the staff who work in each home and are reviewed by the diversional therapist (DT) who works in the Ngaio rest home and hospital area. The programme is focussed on activities as they would be at your own home such as baking, gardening, and walking outdoors. There is a theme which may</p>

		<p>be the season or related to a special event occurring such as Matariki.</p> <p>The diversional therapist or activities coordinator completes a social and cultural assessment within four weeks of admission for new residents, this care plan is signed off on the electronic system by the RN responsible for the resident. The activities plan is integrated within the overall care plan and is reviewed six-monthly with the interRAI and other assessments. There is a 24-hour care plan completed for residents in the Koromiko (dementia) and Matai (psychogeriatric) areas.</p> <p>A separate monthly planner is developed for each area. Copies of the monthly and weekly plan are displayed around the building and in residents' rooms. Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. The activities staff endeavours to include previous hobbies and interests to the planner. The engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group memory lane, musical moments, news and views, board games, craft, and quizzes.</p> <p>One-on-one activities such as wheelchair walks, massage, manicures, reading, and sensory activities take place for residents who do not join in group activities. The library provides books of interest for residents, in a range of fonts and audible books. Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included making and learning words and phrases in Māori language.</p> <p>On the day of the audit activities were evident. Family/whānau interviewed were positive about the individualised care their family members were receiving. Dedicated activities were evident in each area. In Matai (psychogeriatric) home activities take place in the afternoon, 1:30pm to 4:30pm. On the day of the audit, staff were seen working with a small group as well as one-on-one activities taking place. Residents were observed in Koromiko (dementia) and Matai (psychogeriatric) to be socialising in smaller groups and interacting in a safe and meaningful manner.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each home are stored safely in a locked treatment room. Medication competencies are completed by caregivers and RNs are responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs check these 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). Expired medications are documented and returned to pharmacy weekly. There were no self-medicating residents on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a RN. All 'as required' medications administered had outcomes recorded in an electronic medication system. The effectiveness of 'as required' medication had been documented in the medication system. Controlled drugs are administered by the RNs. The service provides appropriate support, advice, and treatment for all residents. Registered nurses are available to discuss treatment options to ensure timely access to medications.</p> <p>There is one medication room. The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening and within expiry date.</p> <p>Sixteen electronic medication charts were reviewed and met</p>

		<p>prescribing requirements. Medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system. The GP/ NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. Standing orders are not in use.</p> <p>All care staff have received medication training in medication management/pain management as part of their annual scheduled training programme. The clinical manager described the intention for the service to provide ongoing support for people’s understanding of their medication. The service described how they provide 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>There is a food service manual that includes, (but not limited to): food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets. The relief cook stated that residents/family/whānau have the opportunity to be involved in preparation of food as appropriate to the service.</p> <p>All meals and baking are prepared and cooked on site. The food service staff that are involved in cooking have completed food safety training. There is a current food control plan in place. The four-weekly menus have been approved and reviewed by a registered dietitian at an organisational level. The relief cook (interviewed) receives resident dietary profiles and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>The well-equipped kitchen is located in a service area on the ground floor. There are designated areas for cooking, cold production, plating, and washing dishes. The last menu review was completed in January 2022. Food is plated in the kitchen and transported in hot boxes to the kitchenette in each of the homes.</p> <p>The clinical manager works with the home managers, kitchen staff and registered nurses to provide a positive dining experience and an</p>

		<p>environment that is safe and enjoyable while maintaining the resident's dignity and is appropriate to individuals needs and cultural preferences. The service is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. On the days of the audit, staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The internal audit schedule includes food service audit.</p> <p>Special equipment such as lipped plates are available as required. Snacks are available 24/7 and include food and fruit platters. On interview, all residents were positive about the food service. Relatives interviewed were complimentary of the food services.</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, transfers, or changes of level of care were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability/tāngata whaikaha services and social support or kaupapa Māori agencies when 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 with an expiry date of 1 July 2022. The service includes well equipped service areas, laundry,</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>kitchen, chemical and cleaning storage, and staffroom.</p> <p>The maintenance team includes a part-time caregiver who undertakes minor maintenance under the supervision of the operations manager. For more specialised work, essential contractors/tradespeople are available 24 hours as required. A part-time gardener works at Aberleigh to keep the gardens done and a painter works as part of the national maintenance team to keep on top of refurbishments. There is a logbook for repair and maintenance requests, this is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan documented and implemented. A comprehensive monthly maintenance checklist includes (but is not limited to) checks of building warrant of fitness compliance, vehicles, hot water monitoring, electrical equipment, and mobility equipment. Hot water temperatures are checked regularly and are within required range. Testing and tagging of electrical equipment are scheduled annually. Visual checks of all electrical appliances belonging to residents occur at admission and regular intervals to ensure they are safe for use. Medical equipment was last calibrated in March 2022. Caregivers interviewed stated they have adequate equipment to safely deliver care for dementia, psychogeriatric, rest home and hospital level of care residents.</p> <p>The care facility has five homes within it. There are privacy locks on the toilet and shower room doors and calls bells for resident use. There are four rooms that have shared ensuites with another eight rooms that are close to a shared bathroom with an open plan dining/lounge area. The corridors in all homes are suitable for 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.</p> <p>There are communal bathrooms with privacy locks. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Fixtures, fittings, and flooring are appropriate. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Caregivers interviewed reported that</p>
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		<p>they have adequate space to provide care to residents.</p> <p>All resident doors had the names on the door and residents interviewed noted they are encouraged to personalise their bedrooms. All bedrooms and communal areas have sufficient natural light and ventilation. There are electric heaters including heat pumps throughout the facility. At present there are no plans to alter/upgrade the facility. However, if this were to occur there would be consultation and co-design of the environments, to ensure that they 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>The fire evacuation plan was registered on 15 April 2014. 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 and fire evacuation drills take place six-monthly. Smoke alarms, a sprinkler system, exit signs, emergency lighting and gas cooking facilities are in place. Emergency lighting is available in the event of a power outage. The last fire drill took place 28 January 2022. Fire warden training occurs for all senior caregivers, RNs, and night staff.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency flip chart guides are located in all nurses' stations, service areas and are readily available throughout the building. Emergency management, first aid and CPR are included in the mandatory education programme. There is a minimum of one first aid trained staff member on every shift and on outings. Civil defence supplies are stored in identified cupboards situated in the service areas and evidenced six-monthly checks. Torches are located in each nurses' station. In the event of a power outage, there are gas heaters and gas barbecues available. There are adequate supplies in the event of a civil defence emergency including sufficient water to provide residents and staff</p>

		<p>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 and ensuites, communal toilets and lounge/dining room areas. There are two call bell systems in use. The older system works in conjunction with the system. There are enunciators in hallways and indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity when in their room. Residents interviewed confirmed that call bells are answered in a timely manner. Maintenance checks the call bell system regularly. Staff confirmed that they conduct security checks at night.</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>The annual infection control plan is developed by the clinical team at head office, with input from specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The board and organisational 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. The infection prevention and control programme are appropriate for the size and complexity of the service. The infection control coordinator leads the committee consisting of the clinical manager, operations manager, caregiver, and service staff. The infection control coordinator has a job description that outlines responsibilities. The clinical, health and safety and quality meetings receive a report on infection prevention and control matters including monthly analysis at their monthly meetings. Infections are discussed at monthly management team meetings. The programme is set out annually from the management and directed via the quality programme. The programme is reviewed annually, and a six-month analysis is discussed at the organisational infection control meeting. Infection's analysis reviews are reported to the governing body.</p> <p>The service has access to an infection prevention nurse specialist</p>

		<p>from the DHB.</p> <p>Visiting hours are currently controlled. Visitors are asked not to visit if unwell. Covid-19 screening, and health declarations continue 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. 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>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 annual infection control plan have been approved by the board, who receive monthly reports around infection control matters.</p> <p>The infection prevention coordinator provides an infection control report to the monthly infection control team, monthly registered nurse meetings, quality, and health and safety meetings.</p> <p>The infection control coordinator interviewed described support from expertise within the clinical management team, public health, local laboratory, GP's, and infection control specialist from the district health board. The organisation has had advice from Ministry of Health and the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection coordinator described utilising the MOH website for information as needed. There are a suite of policies and procedures available to staff to guide them around safe practices.</p> <p>The infection prevention coordinator described attending zoom education sessions on Covid preparedness and management and using an online training platform, and Ministry of Health (MOH) sites. External education related to Covid management has been provided to the infection control coordinator via webinars. The infection prevention coordinator completes external training with the DHB each</p>

		<p>year. This was scheduled for April 2022 but has been postponed due to Covid restrictions.</p> <p>Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes, (but is not limited to): standard precautions, hand washing competencies, and donning and doffing personal protective equipment (PPE).</p> <p>Staff follow the organisation pandemic policy which is available for all staff. All staff and most residents have been double vaccinated and received boosters. Visitors are asked to be fully vaccinated. All new residents are requested to be vaccinated. Personal protective equipment is ordered through the MOH, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted in each of the care units and in a dedicated storage area. DCNZ preparation involved delivery of significant supplies of personal protective equipment including N95 masks and face shields, hand sanitiser, oxygen cylinders, oxygen concentrators, sub cutaneous fluids, and medication. Regular stocktakes ensured there was always ample supplies on site and readily available. A pandemic preparation and response plan was developed at head office and included site specific procedures. All residents and all staff have received two covid vaccinations and a booster. Staff education was provided both in-house by means of face-to-face presentations, weekly webinars for the management and leadership teams, toolbox talks and zoom meetings. Communication with all staff was enhanced through the use of message box (part of the electronic resident management system). The communications advisor based at head office sent frequent email information to families and the operations manager provided updates through a family and staff Facebook page.</p> <p>The clinical governance team provides input into procurement processes for equipment, devices, and consumables used in the delivery of health care. The infection control coordinator and the management team monitor resident and staff Covid infections. Hospital-acquired infections are collated along with infection control data. The organisation policies and procedures include clear</p>
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		<p>instructions for disinfection, sterilisation, and single use items. Items required to be sterilised are pre purchased, stored in a clean dry environment, and used within the use by date. This includes urinary catheters and catheter packs, wound dressing packs. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are cleaned between use. At site level, the CM and ICN have responsibility for ordering consumables and equipment which is purchased at national level. The clinical advisory team and IPC representatives have input into suitability of both equipment and consumables. Infection control personnel have input into new buildings or significant changes occurs at national level and involves the senior clinical advisor and the regional clinical manager.</p> <p>Infection control is included in the internal audit schedule and a recent audit demonstrated full compliance.</p> <p>This audit was undertaken following a recent Covid outbreak. All staff, visitors and contractors are required to make an appointment, complete a rapid antigen test at the entrance to the facility and are required to wear a mask while in the facility. Only one visitor at a time is permitted in each area. On audit it was evident that changes in staffing and management had also been implemented to minimise any spread of Covid within the facility. All staff complete a rapid antigen test before commencing work with the exception of those staff who have tested positive within the last 28 days. Sufficient staff were available to ensure all people coming to the site are screened.</p> <p>The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The organisation 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</p>

<p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>practitioners who access the facility are also monitored. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the monthly clinical meeting, infection control meeting, health and safety meeting and 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 DCNZ infection control manual. The DCNZ infection control plan is reviewed annually and includes employer commitment and objectives with measurable outcomes. 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 reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The clinical manager completes a comprehensive six-monthly review, and this is reported locally to all staff and to the organisational infection control meeting. Infection control surveillance is discussed at clinical meetings, weekly management meetings, quality/risk meetings and staff meetings. Staff are informed through the variety of meetings held at the facility and also electronically.</p> <p>The electronic reporting system include resident ethnicity and is able to be linked to infection reporting.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator uses the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP and clinical support staff from the management team that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from the DHB for</p>

		<p>any community concerns.</p> <p>There was a prolonged Covid outbreak at Aberleigh in March and April 2022. The outbreaks were documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting that occurred, including an evaluation 'what went well, what could have been done better' and discuss any learnings to promote system change and reduce risks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is one secure cleaning cupboard where all trolleys are securely stored. The cleaning trolleys have areas to secure the chemicals while in use. Waste management audits are included in the annual internal audit programme. All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training. Chemical training was last completed in May 2021. Material safety datasheets on products are available in the laundry, kitchen, and cleaning storage areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. The secure sluice rooms both have sanitisers. All sluice, laundry and cleaning areas have gloves, aprons, and goggles available.</p> <p>All laundry is processed on site by homecare assistants seven days a week. The well-equipped laundry has a defined clean/dirty area with two-door entry/exit. The washing machines and dryers are checked and serviced regularly. There is a specific laundry process for linen during the Covid outbreak for Covid affected residents. The linen cupboards were well stocked.</p> <p>There are cleaning staff assigned to each area 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</p>

		are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>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. At the time of the audit, there was one resident using restraint.</p> <p>The clinical manager and registered nurse (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is reported in the monthly clinical, health and safety, resident event analysis and quality meetings. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Minimising restraint and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p> <p>Restraint use, including the type and frequency of restraint is reported monthly to the clinical governance group. Analysis of use ensures there are supports in place to ensure the health and safety of residents and staff.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p>	FA	<p>Responsibilities and accountabilities for restraint are outlined in the restraint policy and include roles and responsibilities for the restraint coordinator (RN) and approval group. The service has a restraint approval process that is described in the restraint minimisation policy. Monitoring and observation are included in the restraint policy. The restraint coordinator is a registered nurse and is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint. A restraint approval group meets six-monthly.</p>

<p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>The group includes the restraint coordinator, clinical manager, operations manager, DT, company educator and a family representative. Restraint authorisation is in consultation/partnership with the family, restraint coordinator and GP. Internal audits are completed three-monthly, ensuring all restraint processes are completed as per the restraint policy and procedures. The restraint coordinator in partnership with the RNs, GP, resident and their family/whānau, undertakes assessments. Restraint assessments are based on information in the care plan, resident/family discussions and observations. A restraint register is in place providing an auditable record of restraint use. This has been completed for all residents requiring restraints. There is provision for emergency restraint if required for safety of the residents, other residents/staff. The restraint coordinator advised that emergency restraint is seldom used at Aberleigh, however, there are documented processes for use including a debrief process following the event. All restraint use is documented on a restraint register.</p> <p>Assessments are undertaken by the restraint coordinator/RN in partnership with the resident and their family. Restraint assessments are based on information in the care plan, family, staff, and GP consultation and during observations. The files sampled for the resident with restraint demonstrated that the restraint assessment tool is completed for residents requiring an approved restraint for safety. Ongoing consultation with the family and staff is evident through multidisciplinary meetings and facility meetings. The restraint file reviewed included completed assessments that considered all options. Approval for restraint considers the areas identified in 6.2.1 (a) – (e). Assessments include cultural assessment and times and place for use.</p> <p>The restraint coordinator reports that each episode of restraint is monitored at predetermined intervals, depending on individual risk to that resident. Monitoring restraint considers the residents cultural, physical, psychological, and psychosocial needs and includes wairuatanga. Ongoing consultation with the resident and family/whānau are evident. Monitoring is documented on the electronic monitoring forms. The restraint monitoring considers the</p>
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		<p>areas identified in 6.2.4 (a) – (i)</p> <p>The restraint evaluation includes the areas identified in 6.2.7.(a) – (n). Evaluations occur monthly in the registered nurses meeting and six-monthly as part of the multidisciplinary review for the resident on restraint. Families are included as part of this review. A review of the files of the resident using restraints identified that evaluations were up to date.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>At the monthly facility quality meetings, RN meetings, staff meetings and six-monthly restraint meetings, restraints are discussed and reviewed. The review considers those listed in 6.3.1 (a)-(m). Any incidents of emergency physical restraint (if any are documented and investigated through the incident reporting system) are also reviewed at these meetings. The use of restraint is reported at governance meetings. Meeting minutes include a review of the restraint and challenging behaviour education and training programme for staff. Staff receive orientation in restraint use on employment. There is internal benchmarking.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage There is an RN based in the psychogeriatric unit on morning and afternoon shifts and one RN on night shift based in the psychogeriatric unit who provides cover for the hospital, rest home and dementia unit. However, this does not meet the staffing requirement for the facility on night shift as there over 50 residents. The service has been recruiting for a second RN on night shift, however the vacancy had not been filled at the time of audit.</p> <p>The service has been liaising with the DHB and has an action plan in place.</p>	<p>There is an RN based in the psychogeriatric unit on morning and afternoon shifts and one RN on night shift based in the psychogeriatric unit who provides cover for the hospital, rest home and dementia unit. However, this does not meet the staffing requirement for the facility on night shift as there over 50 residents. The service has been recruiting for a second RN on night shift, however the vacancy had not been filled at the time of audit.</p>	<p>Ensure the RN staffing meets the ARHSS contract between the hours of 10pm and 7am where there are over 50 residents in the facility.</p> <p>90 days</p>

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>Initial assessments and long-term care plans have been developed within the required timeframes for all of the eight files reviewed. However, four of the long-term care plans were not informed by an initial interRAI assessment. In addition to this, in one of the four files where there was no initial assessment, a six-monthly interRAI was also not completed. In three of the eight files, the care plan evaluations were not completed in a timely manner.</p>	<p>i) Long-term care plans were developed for the eight files reviewed. However, four of these were not informed by an initial interRAI assessment (one psychogeriatric and three hospital) and on one occasion, a six-monthly interRAI assessment was also incomplete for one psychogeriatric resident.</p> <p>ii) Care plan evaluations have not occurred within required timeframes for three hospital level files.</p> <p>iii) There were no specific interventions for weight management documented for one rest home and one hospital level resident.</p>	<p>i) Ensure that initial interRAI are completed within 21 days of admission and then at six-monthly intervals.</p> <p>ii) Ensure care plan evaluations occur at least six-monthly.</p> <p>iii) Ensure there are specific interventions for identified issues including those triggered in the interRAI assessment.</p> <p>90 days</p>
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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.