

Aroha Care Centre for the Elderly

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:	Aroha Care Centre for the Elderly
Premises audited:	Aroha Care Centre for the Elderly
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 July 2022 End date: 8 July 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	73

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Aroha Care Centre for the Elderly is a charitable trust governed by the Taita Trust Board. The service provides rest home and hospital level of care for up to 75 residents. On the day of the audit there were 73 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021, and contracts with Te Whatu Ora-Health New Zealand. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family, whānau members, managers, staff, and a general practitioner.

The service is managed by a principal nurse manager (registered nurse) who has been in the role for nearly 12 years, they are supported by an experienced clinical nurse lead and a charge nurse.

This audit has identified improvements required around internal audits, initial interRAIs and civil defence. The service has been awarded continuous improvement ratings around the activity programme and reduction of antimicrobial use.

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.

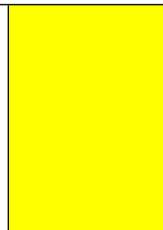
Staff demonstrated an understanding of their residents' rights and demonstrated a socially inclusive service approach. The personal privacy, values, cultural and spiritual needs of residents are respected. Residents receive safe services of an appropriate standard that comply with consumer rights legislation. Residents receive services in a manner that considers their dignity, privacy, and independence.

Their services support and listens to the voices of the residents. Residents and their family/whānau are able to communicate their needs and choices. There is evidence that residents and family are kept informed. The service supports and encourages a Māori worldview of health in service delivery. Residents who identified as Māori and or Pacific peoples in Aotearoa, confirmed being treated equitably and that the service supports their self-sovereignty/mana motuhake and their worldviews. There was no evidence of abuse, neglect, or discrimination.

There is an established system for the management of complaints, which meets guidelines and the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).

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 low risk

Aroha Care Centre for the Elderly is governed by the Tabita Trust Board Incorporated who oversees and guides organisational performance and ongoing compliance. The principal nurse manager and clinical nurse manager are responsible for day-to-day operations.

The service uses a quality and risk management system that supports the provision of clinical care. Quality activities are implemented, and business goals defined and monitored. There is a documented risk management system including health and safety requirements. Adverse events are reported and recorded. The business plan includes a mission statement and operational objectives. The service is currently in the process of moving to a paperless system.

There are human resources policies, including staff training and development. The staffing policy aligns with contractual requirements including guidelines for skill mix of staff to provide safe delivery of care. The education programme cover required aspects of care and external training for staff is encouraged. Residents receive appropriate services from suitably qualified staff.

Registered nursing cover is provided 24 hours a day, 7 days a week.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
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There is an admission package available prior to or on entry to the service. The clinical nurse manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The diversional therapists provide and implement a varied and interesting activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individuals' recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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The building holds a current warrant of fitness. Residents are able to freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Sixty-five rooms have full ensuites, 10 have handbasin and toilet and a shared shower. There are communal toilets throughout the facility which have privacy locks. The shared bathrooms have privacy locks. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

The infection control programme is appropriate to the size, complexity and degree of risk associated for this service. There is a documented infection prevention and antimicrobial stewardship programme. Antimicrobial usage is monitored. Monthly reports are analysed and acted on when needed.

The infection control coordinator, who is a registered nurse, is responsible for coordinating infection prevention activities and education and training for staff, residents and family/whānau. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

The service has a Covid-19 response plan with screening for residents, visitors, and staff. Staff have access to personal protective equipment. Covid events have been managed appropriately and service environment supports prevention and transmission of infections.

The service has documented policies and procedures for the management of waste and hazardous substances, cleaning, and laundry. They manage these services in a safe and appropriate manner. Chemicals are stored securely.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The organisation implemented policies and procedures that support the minimisation of restraint. There are twelve restraints being used in a safe and appropriate manner. Staff complete a comprehensive assessment, approval and monitoring process and restraint reviews occur regularly. Restraint training includes restraint minimisation and the management of challenging behaviour and forms part of their annual mandatory training. A register is maintained. The restraint coordinator is one of the registered nurses. Restraint minimisation training is included in their orientation and induction process and staff complete competencies.

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	3	0	0	0
Criteria	2	163	0	3	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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>Aroha Care Centre has policies, procedures, and processes to meet their obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). The service has a Māori and Pacific Health Plan and Ethnicity Awareness policy. Interviews with staff (five healthcare assistants, five registered nurses, one charge nurse, one cook, one diversional therapist and one laundry assistant) confirmed their understanding of the requirements of the Code. The Māori health plan policy references links with local Māori advisors including their Māori staff and a Minister of the Ratana Church with links with Māori health care providers in their community. The policy acknowledges recognition of Māori values and beliefs and family/whānau involvement in their care.</p> <p>There are residents who identify as Māori. All interviews with residents (three rest home and two hospital) and relatives (two hospital and three rest home) confirmed they feel safe, supported and their cultural needs are being met, including their needs for respect, independence, dignity, and privacy. Interviews with residents who</p>

		<p>identified as Māori confirmed the service is actively supporting Māori by identifying and meeting their individual needs and goals.</p> <p>Staff training on the Code is included in the orientation and induction of new staff members and annual mandatory training includes training on Te Tiriti o Waitangi, training records were verified.</p> <p>The principal nurse manager confirmed employing one Māori staff member and that they are committed to employing more Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Aroha Care Centre's Māori and Pacific Health Plan and Ethnicity Awareness policy is based on the Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025, considering general cultural considerations and cultural aspects of death, and dying.</p> <p>There are resident's and staff at Aroha Care Centre who identify as Pasifika. The service currently has several Pasifika staff who are actively involved in establishing links with the Pacific people in their community. This includes advocacy for pacific residents and connecting pacific residents, when applicable, to services in the community that are of support and help to their people.</p> <p>Interviews confirmed care delivery supports the cultural safety and wellbeing needs of Pasifika. Pacific staff confirmed they contribute to identifying cultural needs and goals for Pacific residents. All staff attended mandatory training and education around culturally safe care including care to Pacific residents</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p>	FA	<p>The service provides an information pack to prospective residents, their families/whānau. This pack includes information on the Code and the nationwide advocacy service. The principal nurse manager, who is also a registered nurse, or the clinical manager discusses the information pack with residents and/or their relatives and provides opportunity to discuss aspects of the Code, as part of the admission process. The Code is also being discussed at resident meetings and displayed in English and te reo Māori.</p> <p>Interviews with residents, their families/whānau confirmed access to</p>

<p>requirements.</p>		<p>the Code and that they receive care in line with their rights. Resident, family and whānau interviews confirmed that they were aware of the Advocacy Service. The residents who identified as Māori confirmed that their Māori mana motuhake was recognised and respected.</p> <p>Education records and staff interviews confirmed annual mandatory training includes training on the Code.</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>Residents and families confirmed that services are provided in a manner respects their dignity, privacy, sexuality, spirituality, and their choices. A tour of the facility identified areas where residents can have personal privacy. Staff were observed to be knocking on doors prior to entering resident rooms, demonstrating respect.</p> <p>Residents are encouraged to maintain their independence by attending community and facility activities and engaging in life at Aroha Care Centre. Resident records confirmed that their individual cultural, religious, and social needs, values, and beliefs are being identified and documented in their care plans. Māori celebrations are embraced and celebrated by the Aroha Care Centre. Staff members understand the tāngata whaikaha needs of residents and are encouraged and supported to learn Te Reo.</p> <p>Residents and relatives interviewed confirmed that they are treated with dignity and respect, and their values and beliefs were considered. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents and the family/whānau reported that personal belongings are treated with respect. Care staff interviewed could identify forms of abuse and neglect, provided examples of how they acknowledge residents' privacy and how they protect their dignity. The annual training programme for the facility includes training days on Te Tiriti o Waitangi.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are guided by policies and procedures and have a clear understanding of the process they would follow, should they suspect exploitation or discrimination. Staff</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>orientation and induction includes education related to professional boundaries, expected behaviours and the Code of Conduct. Job descriptions include their responsibilities. The service provides mandatory training including recognition of abuse and neglect.</p> <p>Residents and family members interviewed stated they felt safe and that they were free from any type of discrimination, harassment, or exploitation.</p> <p>Staff confirmed Te Whare Tapa Whā model of care that is provided to residents. Staff interviewed were able to describe racism and stated they felt safe to raise concerns regarding discrimination with management.</p> <p>There have been no reported incidents of abuse, neglect discrimination, coercion, harassment, sexual, financial, or other exploitation.</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>The service has policy to guide staff on the processes of open disclosure.</p> <p>Residents, family, and whānau interviewed stated they were welcomed on entry, introduced to other residents and the principal nurse manager or clinical nurse manager explained the service and provided orientation relating to the layout of the facility. All the incident/accident records reviewed confirmed that family and whānau were informed in a timely manner, where required. Residents and family members stated they were kept well informed about any changes to their own or their relative's status and have the opportunity to participate in decision making and patient reviews.</p> <p>Staff understood the role of interpreter services and the principles of open disclosure. Staff confirmed that all residents residing at the facility at the time of the audit had the ability to communicate in English. Communication cards are used for those with communication difficulties.</p>

		Interpreter services are provided when required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Open disclosure and consent processes are discussed with residents, their families, and whānau on admission. Consents obtained include general consents including outings, photos, treatment and sharing of information. There were specific consents in place for flu and Covid vaccines.</p> <p>Residents and the relatives interviewed understood that they had the right to choose.</p> <p>There is an Advance care and resuscitation policy to guide staff around appropriate practices. Advance directives identified the resident resuscitation status. There were medically initiated 'do not resuscitate' forms sighted on resident files which were signed appropriately by the GP following discussion with the family.</p> <p>Residents are for resuscitation in the absence of a signed directive by the resident. Copies of enduring power of attorney (EPOA) are identified and kept on the resident's file.</p> <p>Discussion with family members and whānau identified that they are actively involved in decisions that affect their, or relative's lives.</p> <p>Staff training includes informed consent.</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</p>	FA	<p>Aroha Care Centre has a complaints policy to guide their practice and ensure complaints are managed according to the requirements of the Code. There are systems and processes to ensure residents, their families and whānau are advised on the complaints process and have access to complaints forms within the facility. A copy of the complaint's procedure is provided to residents as part of the information pack on entry to the service. More information about the complaints process and associated brochures are on display in the facility.</p> <p>Residents, including Māori and Pacific residents, family and whānau, verbalised they are satisfied with how their concerns and complaints</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>are managed.</p> <p>Staff are aware of their responsibility to report and record all resident, family or whānau concern and complaint, and stated these were followed up by registered nurses and management.</p> <p>The principal nurse manager is responsible for ensuring complaints are managed within required timeframes and ensures complainants are kept informed about the progress and outcomes of investigations. There have been four complaints since the previous audit. All complaints were reviewed and showed evidence of investigations, including follow-up letters, outcomes, and implementation of corrective actions. A complaint register is maintained.</p> <p>There is currently one external complaint to the Office of the Health and Disability Commissioner (HDC) which remains open.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The service is certified to provide hospital and rest home level care for up to 75 residents. At the time of the audit there were 73 residents, of which 29 were receiving rest home care and 44 hospital level care, which included one resident for respite care. The service has 50 dual purpose beds. Services include rest home, hospital geriatric and medical services. There were no younger persons under the age of 65.</p> <p>Aroha Care Centre is a charitable trust governed by the Taita Trust board consisting of nine board members. Interview with the chairperson of the board confirmed that board members were representative of a variety of professions including health, commerce, finance, and law. The principal nurse manager provides a quarterly report at the board meetings.</p> <p>The 2022-2023 business plan and goals have been reviewed and included the mission statement, values and philosophy of care and their quality objectives. The business plan and Interview with the chairperson confirmed their commitment to and accountability for delivering quality and responsive services. Interview with the chairperson confirmed the providers' awareness of and desire to</p>

		<p>achieve equity for Māori. The Māori health plan addresses the cultural and spiritual needs of Māori. Interviews with staff confirmed their understanding, and the importance of equity for Māori. The governing body ensures service providers deliver services that improve outcomes for people with disabilities. Staff interviews confirmed their understanding of how equity can be supported during service delivery. The governing body (the Board) supports service delivery and family/whanau participation in the planning, implementation, monitoring, and evaluation of services. Policies and procedures guide staff in service delivery that supports family/whanau participation. Interview with the chairperson confirmed that they are in the process of addressing the requirements of the new standard, specifically in relation to meaningful Māori representation with input into the organisational operational policies. Interview with the chairperson confirmed their commitment to Te Tiriti, health equity, and cultural safety. The Māori Health Plan confirmed their commitment to ensure health equity for Māori.</p> <p>The service is managed by a principal nurse manager with a current practicing certificate, who has appropriate experience in aged care management and completed postgraduate studies in health management and palliative care. She has been in this role for nearly 12 years.</p> <p>The principal nurse manager is supported by the clinical manager who has been in the role for around 11 years. There is a charge nurse overseeing care in the rest home.</p> <p>The principal nurse manager, clinical nurse manager, charge nurse and all registered nurses maintained more than eight hours annual professional development activities related to their roles, and service delivery in care of older people. The principal and clinical nurse managers both attended the last aged care conference, and the clinical manager completed a postgraduate certificate.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>PA Low</p>	<p>Aroha Care Centre has a current quality risk management plan in place. The quality programme includes policies, quality goals, internal audits, meetings, and quality improvement initiatives. The quality</p>

<p>are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>manager resigned due to Covid and this position has not been filled.</p> <p>The service is currently in the process of implementing a new quality and risk system, both systems are evident in their day-to-day management of the service. Internal audits have been completed for medicines management processes, call bells; continence management; weight and nutrition; progress notes; hygiene and grooming and pressure injury monitoring. Meetings include management meetings, quality improvement meetings which include health and safety and infection control, registered nurse meetings and staff and resident meetings. Corrective actions were identified but not consistently implemented and meeting minutes do not consistently show that the outcome of internal audits are being shared with staff at meetings</p> <p>Quality improvement initiatives include participating in the Hutt Valley Health's project to reduce management of urinary tract infections. The focus was to change the practice of diagnosing and treating urinary tract infections prior to laboratory diagnostic confirmation (link 5.3.3). Other initiatives include resident the diversional therapist ensuring residents maintain contact with family during isolation; ensuring residents cultural/nutritional needs and preferences are being met and ensuring staff members are vaccinated.</p> <p>Management and staff interviews support their understanding of risk and records and documentation shows progress with the new quality system. A document control system is in place. Policies and procedures ensure the facility is meeting relevant standards. Policies are regularly reviewed. Changes to policy are communicated to staff.</p> <p>Annual relative and resident experience surveys are completed. The results from the surveys are communicated to residents and their families/whānau. Survey results from the staff, resident and relative surveys are collated, and analysed to identify any areas for improvement.</p> <p>The health, safety and risk management system include policies guiding their practice. The service has a health and safety committee</p>
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		<p>with representation from each area of service. Health and safety training occurs. The committee reviews health and safety policies and are also responsible for the review of the hazard register.</p> <p>Twelve incident reports were reviewed. All evidenced family were notified of incidents, and all incidents were followed up by a registered nurse. Neurological observations were fully completed for all unwitnessed falls, and opportunities to minimise risks were identified (where possible) and implemented.</p> <p>Individualised falls prevention strategies were well documented in care plans for residents identified as high risk of falling.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service is following the National Adverse Event Reporting Policy for internal and external reporting and section 31 are reported to HealthCERT. Interviews with the clinical nurse manager (CNM) and principal nurse manager (PNM) confirmed their understanding of the requirements for essential notification. Outbreaks have been notified to the Public Health Office. The provider ensures their health care and support workers can deliver quality health care for Māori by employing Māori and prioritising Māori employment. Māori cultural practices and needs are supported, and staff receive Te Tiriti training and education.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Sufficient staff are rostered to manage the care requirements of the residents at Aroha Care Centre. Both managers work 40 hours per week and are available on call 24/7. Registered nurse cover is provided 24 hours a day, seven days a week. The rationale for their staffing levels is documented.</p> <p>The principal nurse and clinical nurse manager both work Monday to Friday during business hours.</p> <p>There is a charge nurse overseeing the rest home, with a registered nurse, seven mornings a week with a second registered nurse (RN) on three mornings. Four healthcare assistants (CG) support the registered nurses on the morning shift, two full and two shorts shifts,</p>

	<p>with a third HCA working full shifts for two days a week. In the afternoons there is an RN on, seven days a week. Four healthcare assistants work afternoons with two full shifts and two short shifts. At night there are two healthcare assistants with oversight from the RN in the hospital.</p> <p>In the hospital there are two RNs on full shifts on morning duty supported by four healthcare assistants working full shifts and two working shorts shifts as well as a short shift floater. In the afternoon there is a RN with six healthcare assistants on two full shifts and four short shifts. At night there is a RN for both the hospital and rest home with one caregiver.</p> <p>Staff confirmed that at least one staff member on each shift has a current first aid certificate.</p> <p>Allied staff includes diversional therapists, laundry, cleaning staff Monday to Friday, with a receptionist/office administrator. The kitchen services have been contracted to an external contractor providing food seven days a week for sufficient hours to meet residents' food needs and smooth service delivery. Maintenance and gardening are also covered.</p> <p>Interviews with the residents and relatives confirmed that staffing meets the needs of residents. Healthcare assistants confirmed that there are adequate staff to safely deliver residents cares. Resident acuity is monitored. Interviews confirmed additional staff are available to assist with more dependent residents. The healthcare assistants stated there is good support from management.</p> <p>The service has a training policy and schedule for in-service education and competency assessments are maintained. Annual training and education for staff is planned to support service delivery and managed by a dedicated staff member. Education includes mandatory training topics and competencies. The in-service schedule is implemented, and attendance records are maintained. For 2022 the service provided training on the use of personal protective equipment (PPE) including donning and doffing, fire drills and emergency</p>
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		<p>response, hand hygiene, syringe driver management, first aid, cultural awareness including Māori cultural training, with a focus on Matariki, moving and handling and medicines management. Healthcare assistants have the opportunity to progress through New Zealand Qualification Authority (NZQA) through Careerforce. Currently there are three staff who have achieved level two, 13 staff who have achieved level three, and 17 staff who have achieved level four.</p> <p>There are 13 RNs at Aroha including the two managers, with five RNs interRAI trained. Registered nurse education is provided.</p> <p>Collecting and sharing of Māori health information occurs through assessment, discussion, meetings, and other platforms. Staff training support improved awareness of the specific needs of Māori and Pacific residents. The annual staff training programme and the provider's competencies requirements provide opportunities for development and training of staff. The PNM and CNM have an open-door policy for staff to discuss any wellbeing issues of staff and meetings provide another platform for staff to voice any wellbeing concerns.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Policies for human resource (HR) management address recruitment, orientation, induction and staff training and development. Nine staff files were reviewed, including one clinical manager, two registered nurses, two healthcare assistants, one educator, one diversional therapist, one cleaner and one maintenance person.</p> <p>Staff files included relevant employment documentation including contract for employment, reference checks, job descriptions and evidence of an orientation on employment were sighted. Annual appraisals and police checks were delayed during the pandemic but have been followed up and actioned. Staff ethnicity is collated during the employment process.</p> <p>Healthcare assistants interviewed stated that new staff are adequately orientated to the service and included buddying and oversight when first providing cares to residents. Orientation and induction to the service includes being buddied with an experienced staff member,</p>

		<p>who provides guidance and support to the new staff member. The new staff members familiarise themselves with policy content, complete milestones to meet the requirements of their role. Staff information is held in staff files which is kept locked away with only key people having access to the information. Staff files are updated and according to changes that relates to the individual staff member, such as orientation and induction; training and education information; competencies; performance reviews contractual agreements; remuneration and other staff member specific information</p> <p>Practicing certificates were sighted for the RNs, general practitioner, pharmacist, physiotherapist, and the podiatrist. The CNM and staff interviews confirmed they have opportunity to debrief after serious events to ensure they feel supported.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are currently partially in hard copy and electronic format. Entries are legible, dated and signed by the relevant HCA or nurse, including designation Residents' files reflect service integration and are protected from unauthorised access. The resident files are appropriate to the service type. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>Records are uniquely identifiable, legible, and completed in a timely manner. Residents archived files are securely stored in locked storage and are easily retrievable when required. All computers are individually password protected. Electronic information is regularly backed up.</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</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have</p>

<p>care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical nurse manager or principal nurse manager are available to answer any questions regarding the admission process and a waiting list is managed. Advised by the facility and clinical nurse manager that the service openly communicates with potential residents and their family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile, however, the service does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The manager reported they have established with local Māori advisors including their Māori staff and a Minister of the Ratana Church with links with Māori health care providers in their community to improve health outcomes for future 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>Nine resident files were reviewed including three rest home and one rest home respite care, five hospital files including one ACC. The respite and ACC files do not require interRAI assessments and one file reviewed was a new admission within the twenty-one-day timeframe so an updated interRAI was not available for this file.</p> <p>The RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in electronic and paper-based progress notes and family contact forms. The service is transitioning to an electronic resident care system.</p> <p>All residents have admission assessment information collected and an</p>

		<p>initial care plan completed at the time of admission. Two of the six files that require interRAI assessments have been completed within 21 days of admission to the service or updated.</p> <p>The long-term care plan includes sections on mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and diversional therapy. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted on admission relating to falls, pressure injury, skin, dietary profiles, and pain. A specific cultural assessment that assesses residents' strengths, goals and aspirations and aligns with their values and beliefs has not yet been implemented and nutritional and continence assessments have not been utilised where indicated. The service is working towards reviewing systems and processes to support future Māori to identify their own pae ora outcomes,</p> <p>Aroha Care centre are planning to develop policies and procedures to ensure tāngata whaikaha and whānau participate in service development and have choice and control over their supports with no barriers in accessing information.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. Medical assessments and three-monthly medical reviews were documented in all files by a GP. More frequent medical assessment/review were noted as occurring in residents with acute conditions. The GP interviewed, spoke positively of the care provided by staff and the communication between the service and the medical centre. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The physiotherapist visits weekly. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse are available as required through the local DHB.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and was</p>
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		<p>sufficient to guide healthcare assistants. Progress notes are written daily by healthcare assistants and at least weekly by a RN. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical nurse manager or an RN initiates a review with a GP. Families are notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>Wound management plans were reviewed for eighteen residents with wounds (six skin tears, three pressure injuries, seven trauma/abrasion and two chronic ulcers). There was one resident with a stage three pressure injury. A wound register is maintained. There is access to assistance with wound management from specialist DHB services. Healthcare assistants and RNs who were interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including bowel chart, blood pressure, weight, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls.</p> <p>Evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the electronic medication management system.</p>
Subsection 3.3: Individualised activities	FA	<p>The diversional therapists work 30 hours a week Monday to Friday. The diversional therapist interviewed has been actively seeking training to assist her in understanding and implementing tikanga Māori</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>		<p>and has completed a diploma at Massey University.</p> <p>At present there are limited weekend activities due to staffing – the principal nurse manager is working to recruit new staff to these roles. Staff provide cover for each other for leave when required. There are combined opportunities for entertainment and other larger activities across the two areas. The overall programme meets the recreational needs of the individual preferences of the residents. The diversional therapist has developed a 'Busy Board' which is kept stocked with individual activities which residents can help themselves to. There is a daily and weekly programme which identifies available activities; these include van outings, exercises, newspaper reading, group activities such as bowls, word and memory games, and singalongs, craft, and knitting. Monthly resident meetings are facilitated by the diversional therapist with input from the principal nurse manager. The service has a chaplain who visits twice weekly and a dedicated chapel where Church services are held. The chapel is also available for other activities such as bowls and resident meetings. Church services have been suspended during the ongoing Covid outbreak when the chaplain has not been able to visit. Seasonal celebrations such as Easter, Anzac Day and Matariki are celebrated. The programme allows for flexibility and resident choice of activity. There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged to maintain links to the community.</p> <p>There are smaller lounges and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The service is actively promoting the use of te reo Māori through the use of Māori language in activity documentation.</p> <p>The lifestyle profile and activity assessments inform the activities plan; these have been completed for all resident files reviewed. Individual activities plans were seen in all resident files reviewed. Activities staff document weekly progress notes and six-monthly care plan evaluations and these are documented for all residents' files</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>	FA	<p>There are policies and procedures in place for safe medicine management. The service is working on developing community relationships which strengthen support, advice, and treatment for Māori residents. The service uses an electronic medication system with allergies and photographs. Medications including 'as required' medication are stored in a locked trolley in locked medication rooms. The RN or charge nurse checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Registered nurses and medication competent healthcare assistants complete annual competencies and education. Regular medications and 'as required' medications are administered from robotic sachets. There were no self-medicating residents on the days of the audit.</p> <p>The room air temperature in both the medication rooms are checked daily and are within the acceptable temperature ranges. The medication fridge temperatures are also monitored daily and are within the acceptable ranges. Eye drops were dated on opening.</p> <p>Seventeen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system as requested by the resident. Over the counter medicines are stored in the same way as other medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	FA	<p>The food services are provided by an external contractor overseen by a chef. All meals and baking are prepared and cooked on site by experienced cooks and kitchenhands. All food services staff have completed online food safety training. The four-week winter/summer</p>

<p>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>menu is reviewed by a registered dietitian – this is being reviewed at present. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. The service is planning to review menus to support cultural beliefs, values, and protocols around food. Māori and whānau shall have menu options culturally specific to te ao Māori.</p> <p>Residents may choose to have meals in their rooms. The food control plan expires 1 January 2023. An electronic app is used to record all daily temperature checks for the freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Dry goods which had been decanted displayed opening and best before or expiry dates. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings which are fed back to the principal nurse manager and the clinical nurse manager and kitchen staff. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>All residents have dietary profiles and nutritional requirements documented at the time of admission. Residents are weighed monthly or more frequently if requested more frequently due to weight loss.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>manner. The residents and their family/whānau were involved for all exits or discharges to and from the service. Residents and relatives advised they are involved in decision making around accessing other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 17 December 2022. There is a maintenance request book for repair and maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. The service has information from their electrician from Workplace NZ which states that testing and tagging of electrical equipment is not required. Medical equipment, hoists and scales were checked and calibrated in July 2021. Healthcare assistants interviewed stated they have sufficient equipment including mobility aids, wheelchairs, electronic chair scales and pressure injury resources, a hoist for use in the case of falls to safely deliver the cares as outlined in the residents' care plans. A gardener and lawn contractor are employed to maintain gardens and grounds.</p> <p>Resident rooms are refurbished if required as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The dining room is adjacent to the kitchen and open plan. There is a main lounge where activities take place and other spaces including the chapel which has a small kitchen where refreshments can be made. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade are provided. All communal areas are easily accessible for residents</p>

		<p>with mobility aids with ramp access.</p> <p>Sixty-five rooms have full ensuites, one communal shower and communal toilets throughout facility for convenience. Communal shower/toilets were well signed and identifiable and include large vacant/in-use signs. Residents confirmed staff respect their privacy while attending to their hygiene cares. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is a mix of electric heating and heat pumps and residents interviewed stated that the environment was warm and comfortable. The service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A Fire and Emergency New Zealand approved fire evacuation plan is in place. A fire evacuation drill was last held on 29 June 2022.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence</p>

		<p>supplies are stored in an identified cupboard. In the event of a power outage there is battery powered emergency lighting and a generator available. Overall, there is adequate supplies in the event of a civil defence emergency. However, current stored water does not meet the local stored water recommendations. Emergency management is included in staff 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. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Aroha Care Centre has a suite of infection control policies, including guidelines, and definitions used in the management of infections. Infection control procedures include clinical services, services in the kitchen, laundry and in housekeeping. The policies are reviewed regularly. Infection prevention policies reflect the requirements of the standard and represent current accepted good practice. There is an infection prevention manual available that has been developed by an aged care consultant who is currently in the process of introducing a paperless management system. The infection prevention programme has been developed by people with infection prevention expertise and has been approved by management. The programme is reviewed annually.</p> <p>One of the registered nurses is the infection prevention coordinator. The infection prevention coordinator has a job description guiding the role. Infection events are collated monthly and reported to management, however the health and safety committee and the quality improvement committee where infections are being reported</p>

		<p>has not been meeting regularly (link 2.2.3).</p> <p>Infection prevention training occurs. Staff confirmed they are familiar with the infection prevention (IP) policies and receive annual infection prevention education. Staff stated they received education on donning and doffing and isolation precautions in their management of Covid-19. The IP and antimicrobial (AMS) programmes are incorporated into the quality system and strategic plans of the provider. Their IP and AMS also forms part of a study facilitated by Hutt Valley Health, to improve AMS. This study is ongoing and support and contribute to quality improvement and the safety of residents. The provider has a close relationship with the IP and AMS specialist at Hutt Valley Health, who provides oversight, direction, and support. The clinical nurse specialist at Hutt Valley Health is also the project manager for the ongoing research project around improving AMS within aged care; of which the provider is a participant.</p> <p>There is a clearly documented pathway for management and reporting of IP and AMS to management and the governing body. Board reports are provided to the governing body at quarterly intervals and presented by the principal nurse manager.</p> <p>Significant IP events are reported to the appropriate authorities and manages accordingly. The covid 19 outbreak was reported to the local Public Health Office and managed according to the regulatory requirements. The pandemic response plan is documented and has been tested. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) was available and sighted during the 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</p>	<p>FA</p>	<p>The infection prevention coordinator (IPC) attends regular IP training at the local public hospital and completed an online MOH infection training module.</p> <p>The infection prevention committee are representative of all service areas. The infection control coordinator has allocated time to complete infection control surveillance, development of quality initiatives and infection control education. The IPC has access to the</p>

<p>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>infection control specialist at the public hospital at Hutt Valley, local laboratory, public health department and their general practitioner.</p> <p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and testing. There are outbreak kits and personal protective equipment available. The service has a pandemic and infectious disease response plan that guides their practice. Their pandemic response plan includes having sufficient resources and equipment, including personal protective equipment, available onsite. The provider also has an established communication line with the Hutt Valley Health IP team and the microbiologists at the laboratory.</p> <p>The infection prevention programme includes training and education and competency testing for all staff. Infection prevention training is included in the orientation and induction programme and forms part of the providers annual mandatory training programme.</p> <p>The infection control manual outlines policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed and available to staff. Policies include hospital acquired infections (HAI) and staff interviews confirmed their understanding of HAI within their setting.</p> <p>The IPC has input and guidance from the Hutt Valley Health IP specialist around the procurement of equipment, devices, and consumables used in the delivery of health care.</p> <p>Although there are no current plans to build or make significant changes to the existing facility, the provider has clear policies and guidelines for consultation and management of new buildings with regards to infection control processes. Interviews with the IPC confirmed that re-usable devices and equipment is cleaned. Interviews with staff and the IPC confirmed that where they use single use devices such as wound care packs, single use equipment is not reused.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The new quality system includes a documented antimicrobial stewardship (AMS) programme that is appropriate for the size, scope, and complexity of the service. The programme has been developed in accordance with evidence-based practice and the GP, with input from specialists at the Hutt Valley Health.</p> <p>Reviewing clinical files, medication prescribing and administration form part of the AMS programme. Monthly reports are developed and presented to management. Diagnostic testing occurs prior to all antibiotic use.</p> <p>The IP policy includes procedures for anti-microbial use and monitors compliance on antibiotic and antimicrobial use within the service. The anti-microbial policy is appropriate for the size, scope, and complexity of the clinical services at the facility. Infection rates are monitored monthly and reported to management. Prophylactic use of antibiotics is considered inappropriate.</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>FA</p>	<p>The surveillance policy describing surveillance methodology for monitoring of infections and is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection and the infection control coordinator collates this information to identify any additional infection control activities and education needs of staff. This data is monitored, includes ethnicity data, and is analysed for trends monthly and annually, and sent to an external benchmarking company.</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>Infection control surveillance is discussed at quality, staff meetings. Surveillance results and recommendations for improvement are identified, documented, at monthly intervals and reported to the governing board at their quarterly meetings. Any urgent matters such as outbreaks are reported at the time of the outbreak. The IPC confirmed understanding their responsibility for a clear safe and appropriate communication process should they have to discuss hospital acquired infections with residents. Internal audits for infection control are included in the annual audit schedule.</p> <p>There have been three outbreaks in the last year including covid-19. All outbreaks were well managed, documented and reported in a timely manner. Debrief meetings were held. All residents and staff have been fully vaccinated for covid-19 and most have had flu vaccines.</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>Policies and procedures describe the management of waste and hazardous substances. Domestic waste and hazardous substances are removed according to their local authority requirements. Policies and procedures guide safe and efficient cleaning and laundry services. There is an infection control manual available that has been developed by an aged care consultant. There are infection control procedures in place relating to the services in the kitchen, laundry and housekeeping which forms part of the principles for infection control.</p> <p>The service employs dedicated laundry, cleaning and maintenance services staff who attended training appropriate to their roles. Cleaning and laundry staff are employed seven days a week. A maintenance cleaning and laundry schedule is maintained. Laundry services, including personal clothing, is undertaken on site. There is evidence of a laundry having a flow from the entry to the exit door with dirty and clean areas delineated. There are appropriate monitoring systems in place to evaluate the effectiveness of these services.</p> <p>Personal protective equipment is used where needed throughout the facility. There is adequate personal protective equipment (PPE) available which includes masks, gloves, aprons, and goggles. Staff demonstrated knowledge and understanding about effective donning</p>

		<p>and doffing of PPE.</p> <p>Chemicals are stored securely throughout the facility. Material data safety sheets were displayed and accessible to staff in the laundry and where chemicals are stored. Staff have completed chemical safety training provided by the chemical supplier. Decanted cleaning products were in clearly labelled bottles. The cleaners' trolleys are stored appropriately when not in use. The chemical provider monitors the effectiveness of the cleaning and laundry processes.</p> <p>The health and safety committee reviews health and safety policies and procedures and the hazard register.</p> <p>Residents, family and whānau reported that the laundry is well managed, and the facility is kept clean. Recent resident and relative surveys revealed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There is a restraint policy that meets current practice around consent, assessment, management and evaluations. The policy has been updated to align with Ngā Paerewa and reference to enablers has been removed.</p> <p>The restraint coordinator is one of the registered nurses and is supervised by the clinical nurse manager. The role is defined in a job description. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. The principal nurse manager reports to the board regarding restraint management. The restraint practices are supported by the management team and the governing body.</p> <p>At the time of the onsite audit there were 12 restraints being used by residents. Ten residents had bed rails in place when in bed and two residents required lap belts when seated to keep them safe from falling. The restraint records reviewed showed alternatives to restraint have been explored and that the restraint was a last resort.</p> <p>Interviews with the healthcare assistants and nurses confirmed their</p>

		<p>understanding of the purpose for restraint, the need for assessment and monitoring and review of restraint. Restraint records reviewed included assessments, written consent, monitoring records, and reviews. Restraints were included in the residents' care plan. The clinical nurse manager interviewed described the focus on ensuring restraint is managed in a safe and appropriate way.</p> <p>Staff training is in place around restraint minimisation and enablers, falls prevention and analysis and management of challenging behaviour. All staff have current restraint competencies.</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> <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>FA</p>	<p>Restraint approval process is described in the restraint policy.</p> <p>The overall use of restraint is being monitored and analysed by the restraint coordinator with support from the clinical nurse manager, principal nurse manager and general practitioner (GP). The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. The restraint committee meet six-monthly to review restraint policies and processes.</p> <p>All restraints were confirmed in writing as having been approved and consented to. The resident, family and whānau, and where needed the enduring power of attorneys (EPOAs) were involved in decision making.</p> <p>Assessment, approval, monitoring process, with regular reviews occurs for all restraint in use. This was confirmed by review of resident files and restraint monitoring records. Documents showed family and whānau involvement. The restraint processes of the provider include the holistic wellbeing of the resident and the spiritual synergy of the collective with which an individual identifies; their aerating which addresses their cultural, physical, and psychological and psychosocial needs.</p> <p>The restraint register is reviewed and updated regularly. The register contained enough information to provide an auditable record. There</p>

		have been no emergency restraint interventions.
<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>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint with the outcomes of restraint reported to the governance body. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Monitoring and observation of restraint use are recorded. The use of restraint fluctuates according to the safety needs of the resident.</p> <p>Restraint meetings and reports are documented, and individual use of restraint use is reported to the quality and staff meetings. Internal audits did not include monitoring staff compliance in following restraint procedures (link 2.2.3).</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for residents requiring restraints.</p> <p>Staff complete restraint competency assessments. There were no incidents related to use of restraint interventions.</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 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Progress against the quality outcomes is managed and monitored through incident and accident management, meetings, and internal audits. Meetings currently occur when possible. During these Covid years, with a rolling number of staff on sick leave, management team members have utilised shift handovers to communicate directly with staff on a day-to-day basis to ensure the team felt supported, informed, and connected. Meeting minutes are displayed on staff notice boards.</p> <p>Internal audits are completed according to their internal audit schedule. The internal audits included the medicines management processes, the call bell system; continence management; weight and nutrition; review of progress notes; hygiene and grooming of residents and</p>	Internal audit records are not consistently signed or dated, and documentation does not reflect all corrective actions are identified and implemented.	<p>All internal audit records to be signed and dated and all corrective actions identified, to be implemented.</p> <p>90 days</p>

		pressure injury management, however, corrective actions are not always identified.		
<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>	PA Low	<p>Initial interRAI assessments have been completed within the required timeframes for one of the six resident files that require an interRAI. There are three files that do not require interRAI assessments (one file was for a resident within the 21-day timeframe and two files were ACC and respite files). Six monthly interRAI assessments were completed within the required timeframes for three of the six resident files.</p> <p>With a high number of staff absenteeism over the past six months due to the impact of Covid-19 and the continued registered nurse (RN) shortage Aroha is experiencing, there has been limited opportunity to dedicate hours towards updating InterRAI assessments. During this period, RNs have been managing staff shortages, working extra hours, and managing the Covid-19 response. To reduce the burden of compliance, Aroha management applied to the DHB for a Period of Waiver up to 12 weeks, deferring Planned 6-monthly interRAI re-assessments and Changes to Level of care. This was approved by the DHB and Aroha was granted a waiver period until end May 2022. On completion of the waiver period, Aroha ensured all residents had a current InterRAI assessment and nursing care plan which was in place at the time of Audit</p>	Four (three rest home one hospital) of the six resident files that required interRAI assessments did not have a completed initial interRAI.	<p>Ensure all initial interRAI assessments are completed within 21 days of admission.</p> <p>180 days</p>

<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Low</p>	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is battery powered emergency lighting and a generator available. The Hutt City Council website notes: 'Civil Defence recommends storing at least 20 litres of water per person per day, to last at least seven days for drinking, cooking and basic hygiene. The service currently does not carry this much stored water.'</p>	<p>The Hutt City Council website notes: 'Civil Defence recommends storing at least 20 litres of water per person per day, to last at least seven days for drinking, cooking and basic hygiene. The service currently does not carry this much stored water.'</p>	<p>Ensure there is sufficient stored water to meet the Civil defence recommendations.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.2</p> <p>People receiving services shall be supported to access their communities of choice where possible.</p>	CI	<p>Aroha has swung in and out of lockdowns in response to Government guidelines for ARC facilities. The impact of lockdown for residents was one of isolation, being isolated from whanau and friends and from each other with the activities programme put on hold. The DT and staff developed a quality initiative to support residents access families virtually through lockdown. The option of a phone call or facetime was included in whanau emails from Aroha. Whanau were advised that they could book a call during working hours to talk or facetime their whanau member and that because we had no idea of the uptake, the calls would be for 10-minute slots except for overseas calls.</p>	<p>A quality initiative was identified to support residents stay in contact with family members during lockdown. To make it easier the service purchases two ipads for the recreation programme with facetime capabilities to ensure they have done everything possible to maintain their residents Taha Hinengaro. The service has 41 families registered on the iPad. Calls have been made to Australia, America, and throughout New Zealand with an estimated number of calls of 120. A mix of facetime and phone calls have been made. Going forward, whanau are asked on admission if facetime is an option for the Hauora (well-being) of a whanau member as Lockdowns and Covid-19 continue to disrupt their ability to stay connected to each other. Feedback from whanau and residents has been very positive.</p>

<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>CI</p>	<p>The aim of the research project was for the provider to work with the laboratory and infection control department at Hutt Valley Health to reduce management of urinary tract infections through the implementation of an appropriate antimicrobial system. The policy and procedures provide guidance to monitor compliance on antibiotic and antimicrobial use. This is evaluated and monitored through review of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the service. Infection rates are monitored monthly and reported to the health and safety (infection control) meetings. Prophylactic use of antibiotics is not considered.</p>	<p>The Hutt Valley Health infection control department invited four aged care providers to participate in a research project to reduce diagnostic decisions based on the symptoms and outcome of urinalysis dipsticks. In April 2019 the service started participating in a project overseen and funded by Hutt Valley Health to reduce management of urinary tract infections. The focus was to change the practice of diagnosing and treating urinary tract infections prior to laboratory diagnostic confirmation; therefore not use urinalysis dip sticks for diagnostic purposes and not use alkaline oral treatments. The project was overseen by an infectious disease consultant and four facilities participated and a baseline audit was completed.</p> <p>The infection prevention coordinator completed further research to identify their primary tool for commencing treatment for urinary tract infections, which identified urinalysis dipsticks.</p> <p>In June 2019 a survey was sent out to a range of clinical staff to gather data on their understanding of urinary tract infections and antimicrobial use. Feedback from the survey was collated and corrective actions implemented. Corrective actions included training for registered nurses and development of new documents and forms. The IPC developed and implemented a urinary tract register to ensure separate data collection from surveillance reporting. The infection control data collection forms were revised to ensure detailed data collection for urinary tract infections. Their practice of requiring post treatment urine specimens was discontinued. The IPC also implemented a monthly comparison graph for urinary tract infections. Policies and procedures were revised to facilitate the services' new practice. Care staff received education and</p>
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			training around the importance of perineal hygiene and adequate fluid intake. All urinalysis dipsticks were removed from the service and the practice discontinued. The service also discontinued the practice of using alkaline drinks when a urinary tract infection is suspected. The outcome was that they now only diagnose through laboratory testing and therefore only use antibiotics once the microbes are positively identified and responded to sensitivity testing. Antimicrobial used reduced by almost 100%.
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End of the report.