

# Eastcliffe Orakei Management Services LP - Eastcliffe on Orakei

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Eastcliffe Orakei Management Services LP
<b>Premises audited:</b>	Eastcliffe on Orakei
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 29 June 2022    End date: 30 June 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	25

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Eastcliffe on Orakei provides hospital and rest home levels of care for up to 28 residents. There were 25 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

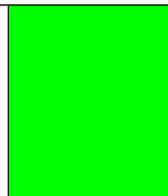
The service continues to do internal refurbishments including carpet replacement, improved lighting in hallways and furniture upgrades.

The nurse manager is appropriately qualified and experienced and is supported by a team of registered nurses (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified one area of improvement related to hot water temperature monitoring.

## 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.



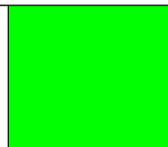
Subsections applicable to this service fully attained.

Eastcliffe on Orakei provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

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

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The nurse manager and the registered nurses efficiently manage entry processes. The nurses assess, plan and review residents' needs, outcomes, and goals. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. Medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinator provides and implements an interesting and varied activity programme which includes resident-initiated activities in line with the service model of care. The programme includes outings, entertainment and meaningful activities as detailed in the individual activity plans created for each resident.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. A current food control plan is in place. The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

All referrals, transfers and discharges are well planned and coordinated in partnership with resident and relatives.

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

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

Some subsections applicable to this service partially attained and of low risk.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services. Testing, tagging, and calibration is completed as required. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Hazards are identified with appropriate interventions implemented. There is at least one staff member with a first aid certificate on duty at any time.

## **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 implemented infection prevention control and antimicrobial stewardship programme is appropriate to the size and complexity of the service. The nurse manager leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Antimicrobial usage is monitored.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

## **Here taratahi | Restraint and seclusion**

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

Subsections applicable to this service fully attained.

The restraint coordinator is the nurse manager who is a registered nurse. There are no restraints currently in use at Eastcliffe on Orakei. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	166	0	1	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, evidenced during interviews with four residents (two rest home, two hospital), and three family members (two hospital, one rest home).</p> <p>During the audit there were residents who identified as Māori living at the facility. A Māori resident interviewed confirmed the contents of their care plan, which included a cultural assessment with links to their care plan. Sampling evidenced whānau and the residents had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>Linkages are in place with the local iwi – Ngāti Whatua Orakei and the service embeds Tikanga Māori in the everyday culture of the facility.</p> <p>The nurse manager confirmed that the service supports a Māori</p>

		<p>workforce with staff members identifying as Māori at the time of the audit. Staff are encouraged to speak Te Reo Māori at different levels and were seen to use everyday greetings and common phrases in this as part of everyday staff/resident/visitor interaction. Cultural needs are respected with the example given of Māori staff being released to attend tangi (funerals) as needed.</p> <p>The general manager, nurse manager (RN), and staff interviewed (two registered nurses, three caregivers, kitchen manager, cleaner, laundry assistant and one activities coordinator) were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a pacific health plan and cultural policy documented that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. The service plans to partner with Pasifika communities to assist with the implementation of the Pacific health plan</p> <p>There were residents identifying as Pasifika on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented. The service capture ethnicity data electronically. The resident's whānau will be encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>When new staff are recruited, the nurse manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pasifika community. There were a number of staff members that identified as Pasifika at the time of the audit.</p> <p>Interviews with staff, residents and relatives and documentation reviewed identified that the service puts people using the services, and family/whānau as the guiding core of their services.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and Te Reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The nurse manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the six-monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Code of Rights education last took place in March of this year. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake through its Māori health plan and staff could describe how they would fully support the values and beliefs of any Māori residents and whānau utilising the service.</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</p>	<p>FA</p>	<p>The caregivers interviewed described how they support residents to choose what they want to do. Families and care staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</p> <p>The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that</p>

<p>experiences.</p>		<p>residents are treated with dignity and respect. The service conducts resident and whānau satisfaction surveys six-monthly (sighted), and the results of these confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote Te Reo Māori, tikanga Māori and attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Eastcliffe on Orakei are expected to uphold. Eastcliffe on Orakei policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very</p>

		<p>caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service liaises with families who manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short, and long-term objectives in the Eastcliffe on Orakei Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Six-monthly resident surveys and meetings identify feedback from residents and consequent follow up by the service. The service also keeps residents up to date through the fortnightly newsletter.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed, this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with</p>

		<p>the resident such as the hospice and specialist services from the local hospital (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The nurse manager described an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were resident files where available.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This is shared with the general manager and Board via a monthly report. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints received from external agencies since the previous audit.</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>All complaints are logged in the complaint register, one in 2021 and two in 2022 (year-to-date). Complaints logged include an investigation, follow up, and replies to the complainant. All complaints had been fully resolved to the satisfaction of the complainant.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff/quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held six-monthly, and the nurse manager has an open-door policy. Residents/relatives making a complaint can involve an independent support person in the process if they choose to do so.</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>Eastcliffe on Orakei is located in Auckland and is part of the commercial arm of Ngāti Whatua Orakei Trust (NWO). Ngāti Whatua Orakei Whai Rawa Limited (Whai Rawa) is the governance body and oversees both the care beds and independent village on-site. The service provides care for up to 28 residents at rest home and hospital level care. All beds are certified as dual-purpose beds, and all are single occupancy. Four of the rooms are occupied under an occupational right agreement (all hospital level residents).</p> <p>On day one of the audit, there were 25 residents (11 rest home level and 14 hospital level). All residents were under the age-related residential care agreement (ARRC).</p> <p>Whai Rawa has an overarching strategic plan in place with clear business goals to support the ongoing operational and financial stability of Eastcliffe. The model of care incorporates Māori concepts of wellbeing – Te Whare Tapa Whā and te ao Māori.</p> <p>The business plan (2022-2023) includes site specific operational, care, human resource, and community engagement goals. The nurse manager reports to the general manager, who in turn reports to the</p>

		<p>Chief Executive (CEO).</p> <p>There is a Board of six directors with Māori representation in the form of an NWO trust representative and two whānau representatives (being members of Ngāti Whatua Orakei). The general manager interviewed (has over 20 years' experience with Eastcliffe) confirmed there is a roles and responsibility framework for the directors which is documented. Each member of the Board has their own expertise and includes a highly experienced commercial director and two independent directors. The Board receive a Board report monthly from the general manager via the CEO.</p> <p>The general manager interviewed explained the strategic plan, its reflection of collaboration with Hapu that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is Māori representation on the Board that provide advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Strategies for equity include kaumatua being able to access NWO grants to fund residential care at Eastcliffe. The Board members have completed cultural and Te Tiriti training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The quality programme includes a quality programme policy and quality goals (including site specific business goals) that are reviewed monthly in staff/quality meetings, and weekly reviews between the general manager and CEO.</p> <p>The nurse manager (registered nurse) has been in the role for eight months and has five years' experiences in aged care managerial roles within New Zealand.</p> <p>The nurse manager has completed more than eight hours of training related to managing an aged care facility and include privacy related training, business planning, health and safety, cultural awareness, and New Zealand Aged Care Association (NZACA) management training.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Eastcliffe on Orakei has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected with evidence of data shared in the monthly staff/quality, health and safety and RN meetings. The service has been working on reducing bruises and skin tears. Through trainings, equipment use, and constant communication around bruises and skin tear rates, they were able to reduce bruising rates and continue to work on reducing skin tears.</p> <p>Staff meetings provide an avenue for discussions in relation to, (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints and compliments received, staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed six-monthly, and surveys completed in 2021 and 2022 reflect high levels of resident/family satisfaction with a trend for increased satisfaction in all areas measured (physical environment, cleanliness, activities, care, communication, and meal delivery). This was also confirmed during interviews with families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa standards</p> <p>A health and safety system is being implemented with the nurse manager acting in the role of health and safety representative. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. The health and safety committee meet monthly and reports to the wider Whai Rawa H&amp;S</p>
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		<p>and Risk committee.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted to visit twice-weekly (three hours). Strategies implemented to reduce the frequency of falls include intentional-rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses will evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend exercise-based activities. Twelve accident/incident forms reviewed for April and May 2022 (unwitnessed falls, medication errors and bruising) indicated that the forms are completed in full and are signed off by an RN and the nurse manager. Incident and accident data is collated monthly and analysed by both the nurse manager and the general manager. Results are discussed in the staff/ quality, health and safety, and RN meetings. There is a documented process to ensure neurological observations are consistently recorded for unwitnessed falls or falls with head trauma, as evidenced in the four unwitnessed falls reviewed.</p> <p>Discussions with the nurse manager and general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been ten occasions requiring notification to HealthCERT via a section 31 report since the previous audit (nine RN shortage, one stage 3 pressure injury). There had been one previous outbreak documented since the last audit: (Covid in May 2022), affecting one resident and no staff members. This was appropriately notified, managed and staff debriefed.</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</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable.</p>

<p>through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Vacant shifts are covered by available caregivers, nurses, and casual staff. Out of hours on-call cover is shared between the nurse manager and general manager. The senior registered nurse performs the nurse manager's role in her absence. At the time of the audit the service was fully staffed, with no advertised vacancies. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The nurse manager (RN) and general manager are available Monday to Friday.</p> <p>The roster is developed as follows:</p> <p>AM:</p> <p>Ground floor: Total of 10 beds with 4 hospital and 5 rest home residents. 1x caregiver 06.45-15.15, 1x caregiver 06.45-13.15.</p> <p>First floor: Total of 10 beds with 5 hospital and 3 rest home residents. 1x caregiver 06.45-15.15, 1x caregiver 06.45-13.15.</p> <p>Second floor: Total of 8 beds with 5 hospital and 3 rest home residents. 1x caregiver 06.45-15.15, 1x caregiver 06.45-13.15.</p> <p>There are 2 RNs working 06.45-15.15.</p> <p>PM:</p> <p>There are two caregivers 15.00-23.00, and one 15.00-21.00 who share the workload for all rooms.</p> <p>There is one RN working 15.00-23.00.</p> <p>Nocte:</p> <p>There is 1x caregiver and one RN working 23.00-07.00.</p> <p>There is an annual education and training schedule being</p>
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	<p>implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training is scheduled for August 2022 which includes the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes, disparities, and health equity. This training is facilitated by Ngāti Whatua. The service has started Friday sessions to catch up with the training requirements and will include Te Reo Maori integration on these classes.</p> <p>External training opportunities for care staff include training through the DHB, hospice and nearby marae.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighteen caregivers are employed. The Eastcliffe on Orakei orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Ten caregivers have achieved a level 4 NZQA qualification, two level 3, and three level 2. The remainder are new to the service.</p> <p>All staff are required to completed competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include syringe driver, catheterisation, and interRAI assessment competency. Six RNs (including the nurse manager) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant staff/quality and clinical meetings when possible.</p> <p>The service encourages all their staff to attend meetings (eg, staff/quality meetings). Resident/family meetings are held six-monthly</p>
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		<p>and provide opportunities to discuss results from satisfaction surveys, corrective actions being implemented, in addition to private discussions regarding resident care. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment training. The environment is checked as part of the internal audit schedule. Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support both with work and home life issues.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Six staff files reviewed (two RNs, one activities assistant, one housekeeper, one caregiver and one nurse manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in</p>

		<p>place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>Accurate information about the services provided and costs of accessing services is provided on the organisation's website and Eldernet. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry, or from written information on the Eldernet website. The nurse manager stated that at times enquiries are made over the phone and information about the services provided is explained and discussed with the enquirer or copy of the information handbook can be requested through the website. Prospective residents or their family/whānau are encouraged to visit</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>the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>The nurse manager manages all requests for admission to the service. The admission criteria are documented to guide staff on entry processes. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). The enduring power of attorney (EPOA) have consented for admission of residents where applicable. Signed admission agreements and consent forms were sighted in the records reviewed. Family members interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>The nurse manager reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential. A waitlist is maintained and monitored by the nurse manager. Family/whānau were updated where there was delay to entry to service. This was verified in enquiry records sampled.</p> <p>The nurse manager reported that if a referral is received and the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. Records of enquiries and of those declined entry to services are maintained. However, analysis of the collected data to show entry and decline rates including for Māori people is not yet implemented. Eastcliffe works in partnership with the local iwi and the Kaitiaki Kaumatua. The GP and the nurse manager stated that Māori Health practitioners and traditional Māori healers can be accessed if required.</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>FA</p>	<p>Six residents' files were sampled for review (two rest home, and four hospital level of care including one for ORA, one for a resident who identifies as Māori and one who identifies as Pasifika). Eastcliffe has recently implemented electronic nursing system and were in a transition phase of changing over from paper-based chart to electronic</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>nursing management.</p> <p>The RNs are responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents and family/whānau where appropriate with resident's consent. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>Cultural guidelines are used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The Māori Health plan and cultural safety policy supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The staff confirmed they understood the process to support residents and whānau. Residents who identified as Māori confirmed satisfaction with the processes in place. Cultural information for a resident who identified as Māori included the person's iwi, information relating to the whānau and other important aspects for the resident. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoa and spiritual assistance. The care plans sampled evidenced partnership and participation of tāngata whaikaha and whānau in planning their care and making decisions over their support. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these were documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>InterRAI assessments were completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, observation and the NASC assessments served as a basis for care planning. Residents' and family/whānau</p>
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		<p>representatives of choice or EPOAs were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for any behaviours of concern. Triggers were identified and strategies to manage these were documented. Any whānau goals and aspirations identified were addressed in the care plan. A record of who participated in the development and evaluation of care plans was documented in the long-term care plan.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Allied health interventions were documented. There is a contracted physiotherapist who visits the service twice per week, they facilitate group exercises, assess residents as required and completes manual handling training for staff. A podiatrist provides podiatry care six-weekly. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Examples of evidence of referrals sent to specialist services included referrals to the mental health services for older and eye specialists. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>There were six active wounds including one pressure injury at the time of the audit. Wound management plans were implemented with</p>
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		<p>regular evaluation completed.</p> <p>There is a contracted general practitioner (GP) who visits the service once a week and is available for after hours on-call consultations when required. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed monthly for hospital level residents and every three months for rest home level of care. More frequent reviews were completed if required as determined by the resident's needs. Medical records were evidenced in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the RN, as confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives</p>	<p>FA</p>	<p>The activities coordinator provides the activities programme. The activities programme covers seven days a week. Each resident is provided with a weekly activities programme and copies are also posted on noticeboards around the facility. The activities coordinator reminds and invites residents each day to activities on schedule. The</p>

<p>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>activities coordinator is undergoing diversional therapy course training, and attends to external study days, though they have not attended any over the past year due to Covid-19 pandemic restrictions.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social history assessment form that is completed with input from residents and family/whānau. The activities programme is regularly reviewed through satisfaction surveys, residents, and family meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include exercises, van trips, puzzles, walks, happy hour, kapa haka performances from local schools, and birthday celebrations. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi celebrations with a special hāngi prepared for residents by the activity's coordinator, Matariki Day and multicultural day event. Māori music is included in the music sessions. Daily activities attendance records were maintained.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Competent residents in the rest home are supported to access community events and have the independence of going out on their own as desired. This was observed on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all</p>

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency. Regular medication management education was completed.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. The GP stated that over the counter medication and supplements will be documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Standing orders are in place and appropriate documentation was available with annual review completed. There were no vaccines stored on-site.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely in a locked room, and medication reconciliation is conducted by the RNs when regular medicine packs are received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Opened eyedrops were dated.</p> <p>Controlled drugs were stored safely in accordance with requirements. Controlled drugs management records evidenced that two staff check for accuracy when administering. The controlled drug register</p>
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		<p>provided evidence of weekly and six-monthly stock checks.</p> <p>The RN stated that residents, including Māori residents and their whānau, are supported to understand their medications when required. The RN reported that when requested by Māori, appropriate support for Māori treatment and advice is provided in consultation with the GP.</p> <p>There were no residents who were self-administering medicines on the days of the audit. Appropriate processes were in place to ensure this was managed in a safe manner when required.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional profile is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary preference were available in the kitchen folder.</p> <p>The food is prepared on-site by the chef and is in line with recognised nutritional guidelines for older people. The chef is assisted by the kitchen hands who have received required food safety training. The menu follows summer and winter patterns in an eight-weekly cycle and was reviewed by a qualified dietitian within the past two weeks. The food is served in each floor's dining room. The food is transported to the dining rooms in hot boxes.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry of Primary Industries. The</p>

		<p>current food control plan will expire in August 2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight was monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The chef stated that if any residents request for culturally specific food including menu options culturally specific to te ao Māori, this is offered as requested. Whānau are welcome to bring culturally specific food for their relatives. The resident interviewed who identified as Māori expressed satisfaction with the food.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Confirmation of residents' satisfaction with meals was verified by residents, satisfaction surveys results, and resident meeting minutes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	FA	<p>There is a transfer and discharge policy to guide staff on transfer, exit and discharge processes. Transfers and discharges are managed by the RNs and the nurse manager in consultation with the resident, their family/whānau and the GP. For residents who are transferred to acute services, a 'yellow envelope' system is used. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. The RN reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter</p>

<p>coordinate a supported transition of care or support.</p>		<p>and progress notes in the sampled files.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The discharge plans sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was completed. Upon discharge, any resident's paper-based information is collated, and stored in a locked cupboard in a secure area and the resident is discharged from the electronic medication management system. If resident's information is required subsequently by the GP or a service, a written request is required for the file to be transferred.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, including to the mental health team and eye specialists. The resident and the family were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews.</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>PA Low</p>	<p>The physical environment supports the independence of people receiving services, such as through appropriately placed handrails and wide corridors. The building consists of three main floors. When people need to be transported or transferred between rooms or wheelchairs, doorways, thoroughfares and turning areas can readily accommodate wheelchair, attached equipment, and any escorts. There are comfortable looking lounges for communal gatherings and activities in each of the three floors. The home has adequate space for equipment, individual, and group activities, and quiet space for people receiving services and their whānau. There are lifts and stairs that can be used to access other floors. The communal lounges, hallways and bedrooms are carpeted. There is a nursing station and separate offices for management. All three floors have dining rooms.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents. Since the previous audit, new carpet has been installed in five bedrooms, all corridors and</p>

		<p>lounges and new lounge chairs have been purchased. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>All residents' rooms have ensuite, toilet and handbasin and are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment and the activity required for the person receiving services. All rooms are large enough, and suitable as dual-purpose. All rooms have external windows to provide natural light and have appropriate ventilation and heating. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The toilets are conveniently located throughout the facility and are identifiable.</p> <p>Furniture and fittings are well maintained. Since the previous audit, improvements have included upgrading the carpets in the hallways and common areas, improving lighting and space, and bedside cabinets and wardrobe were upgraded for all rooms. Rooms are slowly being refurbished as they come vacant to improve carpet and walls are being painting. Beds and mattresses are slowly being upgraded to newer models which has better safety features including pressure relieving properties. Other purchases have included: medication trolley, oxygen concentrators, air mattresses, wheeled recliner chairs, and wheelchairs.</p> <p>Compliance certificates for fire and evacuation equipment was sighted. All medical equipment is calibrated, and electrical testing and tagging is conducted. There is a current building warrant of fitness with an expiry date of 21 November, 2022. The facility van has a current warrant of fitness which expires in April 2023. Hazards are identified according to the health and safety programme and the hazard management process. However, hot water temperature monitoring has not been completed consistently as per schedule.</p> <p>Home decorations reflect the culture of the resident group. There is a combination of art, including items which reflect te ao Māori. The nurse manager reported that the planned development for new buildings were put on hold and there shall be consultation and co-</p>
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		design of the environments, to ensure that they reflect the aspirations and identity of Māori.
<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>	FA	<p>There are emergency procedures to guide staff when required. The evacuation plan was approved on 7 July 2006. Each room is a fire cell. The building is supplied with a sufficient number of fire alarms and extinguishers. All staff have completed the mandatory emergency training, including regular trial evacuations with the last fire drill completed on 26 January 2022. Responding to emergency and security situations is included in induction and training for caregivers and the NM understands the requirements for monitoring the wellbeing of the staff during an emergency. Staff and residents understood emergency and security situations requirements.</p> <p>The documented emergency management policies cover a wide variety of potential situations and include business continuity strategies. The pandemic response plans align with the DHB requirements.</p> <p>Sufficient emergency supplies were sighted that meet the Ministry of Civil Defence and Emergency Management recommendations for the region. These include additional stored water, food, and supplies. There are emergency lights installed and emergency generator in case of power failure. Staff have received first aid training. There is always one staff member on the roster with a first aid certificate. This includes the night staff. Enough caregivers are available at all times to support people receiving services in an emergency or crisis. Call bells are located in every bedroom and bathroom. Call bells are routinely checked. Residents confirmed that call bells are responded to in a timely manner.</p> <p>The provider has an implemented policy relating to the security of the people receiving services and the wider facility which includes escalation processes to follow if a breach in security occurs. Sufficient security processes are in place such as doors locked each evening and external security lights. The buildings are secure with 24-hour intercom access to request entry to the facility. There is an external CCTV and a security guard during the night. All visitors are required to</p>

		sign in and are currently screened for Covid symptoms on entry.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and control programme and antimicrobial stewardship (AMS) programme is linked to the quality improvement programme that is reviewed and reported on annually. The nurse manager reported that they have full support from the village manager with regard to infection prevention matters. This includes time, resources, and training. Monthly meetings include discussions regarding any residents of concerns, including any infections.</p> <p>Significant infection control events are managed through the incident/accident process and filter through into the risk management and quality surveillance process. The local DHB and the facility's GP are available should advice be needed on infection control or AMS concerns. Additional support and information are accessed from the community laboratory and public health unit, as required.</p> <p>The infection control policies are provided by an external advisory company and reflected the requirements of the standard and are based on current accepted good practice; policies include AMS requirements. Cultural advice is accessed where appropriate. Staff were familiar with policies and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	FA	<p>The nurse manager is the infection prevention coordinator. The nurse manager is responsible for overseeing and implementing the infection control programme with reporting lines to the village manager and the Board of Trustees. The infection prevention coordinator role, responsibilities and reporting requirements are defined in their job description. The nurse manager has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The infection control programme was last reviewed in June 2022.</p> <p>The nurse manager has appropriate skills, knowledge, and qualifications for the role. The nurse manager has attended education through the DHB on infection prevention, Covid -19 pandemic and</p>

<p>scope of our services.</p>	<p>antimicrobial use as verified in training records. Staff have received education around infection control at orientation and through ongoing annual education sessions. Education is provided by the nurse manager. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled.</p> <p>The nurse manager has input into other related clinical policies that impact on healthcare associated infection (HAI) risk and liaises with the general manager on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the DHB.</p> <p>Medical reusable devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination policy to guide staff. Annual infection control audits are completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The Māori health plan in use has guidance to practices regarded as tapu by Māori and are applicable to the infection control programme. For example, kitchen sinks/tubs are not to be used for personal items (clothes) and towels used for the perineum cannot be used for the face. The RN reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews,</p>
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		staff understood these requirements.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The implemented Antimicrobial Stewardship (AMS) programme is appropriate for the size, scope and complexity of the service and has been approved by the governance body. The Antimicrobial Stewardship policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity). Responsible use of antimicrobials is promoted.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring the quantity of antimicrobial prescribing, administration, and occurrence of adverse effects. Monthly statistics were collated and recorded on monthly analysis of antibiotics used.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory including Covid-19 and any identified multidrug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The surveillance data does not yet include ethnicity data.</p> <p>Regular infection prevention audits were completed including, cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audits outcomes at monthly meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for increase or decrease and action advised.</p> <p>Residents were advised of any infections identified, as were family/whānau where required. This was confirmed in short-term care plans sampled and verified in interviews with residents and</p>

		family/whānau.
<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>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is a sufficient amount of PPE available which includes masks, gloves, and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>A designated cleaner is on-site five days a week. Cleaning guidelines are provided. There is suitable, safe storage for cleaning equipment and supplies. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>Designated laundry staff are responsible for laundry services for residents' personal clothing only which is completed on-site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. All bedlinen laundry is completed off-site by external contracted services. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents' interviews confirmed 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</p>	FA	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work</p>

<p>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>in partnership with Māori, to promote and ensure services are mana enhancing. The service has reduced the use of restraint from five residents using bed rails, to no restraints. The service are now using alternative equipment like perimeter guard and sensor mats, increased the physical checks and monitoring.</p> <p>The designated restraint coordinator is the nurse manager. At the time of the audit, the facility was restraint-free.</p> <p>The use of restraint (if any) would be reported in the clinical, staff/quality and health and safety meetings. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>The maintenance staff is newly employed and has been at the facility for three months. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures have not been monitored over the past three months. However, the previous records evidence that monthly checks were being completed up to February when the previous maintenance personnel left. There haven't been any incidents reported over the past three months. Interviewed residents reported that they do not have any issues with the water temperatures as the temperature can be regulated to the desired temperature. The maintenance personnel were made aware of the requirement as per guidelines with prompt intervention completed. Reactive maintenance is carried out by the maintenance staff</p>	<p>Hot water temperatures have not been monitored over the past three months. Hot water temperature checks were last completed February 2022.</p>	<p>Ensure hot water temperatures are completed consistently as per organisation's maintenance schedule.</p> <p>90 days</p>

		or certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.