

Sunrise Healthcare Limited - Ascot House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Sunrise Healthcare Limited

Premises audited: Ascot House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 2 August 2022 End date: 2 August 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 19

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ascot House is privately owned and is located in Devonport, Auckland. There are two directors/owners (referred to as the service manager and facility manager) who are on site most days of the week. The service is certified to provide rest home level of care for up to 27 residents. On the day of audit there were 19 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability services standards and the contract with Te Whatu Ora – Health New Zealand. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, staff, the managers, and the general practitioner.

The clinical manager (registered nurse) provides clinical oversight for the service. A group clinical manager also supports the service. The service is working to complete review of policies to the new standards. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

This audit did not identify any shortfalls.

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.

The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff stated that culturally appropriate care is provided. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable for all. The service currently has a predominantly New Zealand/European resident population.

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 to 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.

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.

Consent is obtained where and when required.

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 service manager and facility manager own four aged care facilities in Auckland and provide hands-on support for Ascot House. The group clinical manager provides oversight and support for the four sites with support for the clinical manager. The business plan includes mission, vision, and values statements with goals documented. These are regularly reviewed at least six monthly.

The service has an effective and organisation-wide quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, staff and resident meetings, and collation of data were all documented as taking place as scheduled, with corrective actions completed and improvements to service noted.

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 is in place. The service has a low turnover of staff.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau. The service works in partnership with the residents and their family/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.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medication policies are implemented and align with current legislation. Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Residents are referred or transferred to other health services as required.

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

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

Subsections applicable to this service fully attained.

The 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. Cleaning and laundry services are monitored through the internal auditing system. 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. Security is maintained.

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 clinical manager oversees the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The infection prevention coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices alongside the group clinical manager, facility manager and service manager. Staff demonstrated good principles and practice around infection control. Staff, residents, and family were familiar with the pandemic/infectious diseases response plans.

Aged care-specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe cleaning and laundry services. The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed.

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 service aims to maintain a restraint free environment. This is supported by the owner/facility manager and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, monitoring process, and review process is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, alternative intervention, and monitoring.

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	27	0	0	0	0	0
Criteria	0	161	0	0	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>	FA	<p>There is a Māori Health Plan Policy and standards of practice along with a cultural policy. The policy and guidelines are based on Te Tiriti o Waitangi with the documents providing a framework for the delivery of care.</p> <p>The service did not have any residents who wished to have Māori cultural care. Ascot House serves a mostly New Zealand/European population although the facility manager stated that Māori would be welcomed into the service if they chose to reside there. The clinical manager stated that they have linkages with a local marae through a couple who identify as Māori. The couple provide support for staff with blessings of the service as required, assistance with policies etc. There are staff members who identify as Maori. The service has a policy around equal opportunity.</p> <p>Residents and family are involved in providing input into the care plan, their activities, and their dietary needs. The facility manager stated that they would also be put in place for any Maori residents should</p>

		<p>they reside at the service.</p> <p>Interviews with managers and staff (the facility, clinical and service managers; two healthcare assistants [HCA], the activities coordinator, and cook) described how care is based on a holistic and person-centred care model of health aligned to Te Whare Tapa Whā model of care. Care plans incorporate the physical, spiritual, family, and mental health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service does not currently have a Pacific health plan and policy that commits to providing appropriate and equitable care for residents who identify as Pasifika specifically, however there is a policy around being culturally safe. The organisation is working towards the development of a Pacific health plan and to link with Pacific providers to support care for residents who identify as Pasifika if they enter the service. Cultural safety training has been provided to staff in 2021.</p> <p>None of the residents or staff identify as Pasifika. Documentation on entry includes the residents ethnicity which is recorded in the electronic resident management system. This data is analysed as part of the Ministry of Health reporting requirements. The facility manager described how they would encourage and support any applicant that identified as Pasifika through the employment process. Staff interviewed could describe how they would support any resident or family member who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families. The clinical manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code is displayed at the entrance to the facility in English with pamphlets available in the languages spoken by the residents in the service. Discussions relating to the Code are held during the six-monthly care plan review meetings and as part of the resident meetings.</p>

		<p>Nine residents were interviewed on the day of audit. All stated that they had been informed about The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and felt that their rights were upheld. Interactions observed on the days of audit between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance to the facility. There are links to spiritual supports including ministers/priests who provide spiritual care both to groups and individually (Covid regulations permitting). Residents interviewed confirmed that they can access spiritual support when needed and some described family as helping them to go to services in the community.</p> <p>The HCAs interviewed described how they arrange their time of their shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation and annually with the last training provided to staff in 2021 by an external provider. This training includes understanding the role of advocacy services.</p> <p>Māori independence (mana motuhake) is recognised by staff through their cultural training programmes with the facility manager stating that they could take Māori residents if they wished to come.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service has predominantly New Zealand/European residents. Healthcare assistants and the clinical manager interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and were well respected by staff. They described staff as being attentive and respectful. Residents are supported to make decisions about whether they would like family members to be involved in their care and/or other forms of support. A care plan is developed on admission with the resident and family members which includes daily routines and what is important to the resident.</p> <p>HCAs interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have</p>

		<p>control over and choice over activities they participate in. Cultural identity is included in the care plan and on the admission documentation.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys are completed six monthly with the last completed in December 2021 and March 2022 confirming that residents and families are treated with respect and are very satisfied with the service provided. This was also confirmed during interviews with residents. Resident meetings are held six monthly (Covid permitting) with two meetings held in 2022 to date. The facility and clinical managers stated that residents and family will come and talk with staff or managers whenever there are any concerns and there are strong relationships with family. The clinical manager has been communicating with family via email over the Covid period.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that if couples shared double rooms, then they would be able to have private spaces if they wished. There are three double rooms however there are no residents sharing rooms currently. There are curtain rails in place to separate bed spaces and to afford privacy if rooms are shared.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>Staff are encouraged to use te reo Māori noting that this is not the</p>
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		preferred language of residents or family currently in the service.
<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>	FA	<p>The abuse and neglect policy is documented. The company policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities is part of the daily care and activities programmes and cultural days are held to celebrate diversity.</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 interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>House rules are discussed during the new employee's induction to the service as confirmed by staff interviewed and each new employee signs the house rules to confirm their understanding and adherence. Professional boundaries are defined in job descriptions and discussed as part of orientation. Interviews with the staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Managers and staff interviewed along with residents interviewed confirmed that there was no abuse or neglect. Staff also stated that they work as a team and a 'family' and would be very comfortable raising any issues related to institutional or systemic racism noting that all stated that there was no evidence of this at the service.</p> <p>The service does not hold any resident or family money. There is a petty cash system with money provided by the facility manager for resident activities, birthday cakes, cafés etc with the administrator monitoring spending and receipts on a weekly basis.</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>	FA	<p>Information is provided to residents/relatives on admission. Throughout the pandemic, the service has had to move away from resident meetings with the activities coordinator and managers and staff have provided opportunities for open communication through emails, phone calls and an open-door policy whenever possible. All residents have been encouraged to use phones and emails to</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>communicate with staff throughout the day or evening.</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. Twelve accident/incident forms reviewed identified relatives are kept informed. Residents are encouraged to express any concerns or ask questions at any time or at the six-monthly resident meeting or through the review of care plans six monthly.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Staff interpret for residents and family. Residents interviewed confirmed that staff communicate with them in their own language.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as Hospice. The delivery of care includes the general practitioner, the clinical manager (registered nurse) and other providers as required and used by residents. Residents/relatives provide consent and are communicated with in regard to services involved. The service, facility and clinical managers described 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>	FA	<p>Staff understood the principles and practice of informed consent. Guidance on tikanga best practice is available and is used in relation to consent. Informed consent was obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. General consent to provide care and consent for specific procedures had been gained</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>appropriately. Consent for residents who were not competent to make decisions were signed by the residents' legal representatives.</p> <p>Resuscitation treatment plans were signed by residents who are competent and able to consent and by the general practitioner (GP) for residents who were unable to provide consent. Advance care plans were noted where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved for example family/whānau, with the resident's consent. The clinical manager reported that residents are offered a support person through the advocacy services when required. Communication records verified inclusion of support people where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There was one email/verbal complaint logged in the complaint register in 2021 and one forwarded by the funder from a family member in 2022. Both complaints were investigated and resolved in a timely manner. Actions to improve the service have been put in place in response to issues raised in the complaints. These include improved communication with family, staff training around communication and improvements in care provision when family are present. The complainants have been informed of outcomes of the investigation. The facility manager stated that residents were often independent and vocal and raised concerns which were addressed by staff straight away. The complaint from the funder has been closed out by the service, however, the facility manager is waiting for confirmation from the funder around closure of the complaint.</p>

		Discussions with residents confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility in appropriate languages. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose.
<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>	FA	<p>Ascot House has a documented mission statement, philosophy and values that is focused on the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life. The philosophy is about providing needs-based care. The business plan for 2022 provided specific aims, and ambitions to be achieved with this reviewed on a quarterly and annual basis. The 2022 plan has been reviewed annually.</p> <p>Ascot House is verified for 27 residents requiring rest home level of care. There service is also able to take residents under a POAC contract. On the day of the audit, there were 19 residents requiring rest home level of care including 17 under the Age-Related Residential Care contract (one using respite care) and two under a POAC contract (both requiring short-term care).</p> <p>The owners own four aged care facilities in Auckland. A facility manager (one of the directors/owners who is a qualified accountant) is on site at least 16 hours a week with the service manager (the second director/owner) on site more often during the week for maintenance and property activities. The clinical manager is able to contact the facility manager or service manager at any time and stated that they are extremely responsive. A group clinical manager has been appointed to oversee the four facilities owned by the owners/directors. The group clinical manager is able to be contacted at any time by the clinical manager and they oversee clinical operations at an organisational level. Cultural training is accessible and available for all managers. Interviews with the facility manager and clinical manager confirmed they are committed to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. The manager is able to collaborate with mana whenua through the local marae in business planning and service development to improve outcomes and achieve</p>

		<p>equity for Māori, to ensure tāngata whaikaha have meaningful representation, and to identify and address barriers for residents to provide equitable service delivery.</p> <p>The service provides support for people with disabilities as part of the care provided and as per care plans. Strategies are documented (eg, around supporting people who are hearing impaired or short sighted).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Ascot House implements the organisation's quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions.</p> <p>Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. The monthly staff meeting provides an avenue for discussions in relation to key performance indicators (including clinical such as infections, pressure injuries, skin tears, restraint etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. The service has continued to hold face to face meetings throughout 2022. The facility manager and all staff interviewed stated that there had been good communication around data and other information through informal meetings and emails as well as through the staff meetings.</p> <p>The service has two satisfaction surveys a year. Reports from the surveys held in December 2021 and in March 2022 showed that residents and family were very satisfied with the service offered. The ratings in 2022 were all above 4.87 out of a total rating of 5 for each question. Comments were only related to wishing that staff could be paid more for the hard work undertaken. The clinical manager stated that they work in partnership with the family and resident to ensure that they were able to deliver a service that met the needs of the resident and family. The education planner includes training around resident conditions and cultural safety.</p>

		<p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a satisfactory level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are owned and developed by the company and the facility manager stated that these were across the four facilities. New policies or changes to policy are communicated to staff.</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Twelve resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by the clinical manager.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored through the staff meeting. There are regular manual handling sessions for staff. Staff stated that they are kept informed on health and safety. A physiotherapist is available to provide contracted services.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Te Whatu Ora and HealthCERT were notified of a change in ownership in May 2021. There has been one Covid outbreak in 2022 with external authorities notified.</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>	FA	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical manager and healthcare assistants (HCAs) hold current first aid certificates. Agency staff are available if required however none have been used since the last audit.</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>Interviews with the clinical manager and other care staff confirmed that overall staffing is adequate to meet the needs of the residents. A review of rosters for the past three months confirmed that staff were replaced when on leave.</p> <p>The clinical manager is available Monday to Friday each week and on call when not available on site. The clinical manager is also able to stay on site overnight if required. The group clinical manager provides clinical cover when the clinical manager is on leave. Both the group clinical manager and clinical manager are trained to complete interRAI assessments.</p> <p>There are two HCAs in the morning (both start at 7 am, one finishes at 3 pm and the other at 2.30 pm), two in the afternoon and one HCA overnight.</p> <p>There is an annual education and training schedule being implemented. Training is delivered mostly via an online training programme. Staff attended mandatory cultural training in 2021 with evidence of high staff participation. Medication competencies are completed by staff. A record of completion is maintained in each staff members files. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are three HCAs with a level four NZQA certificate in health and wellbeing, one with level three, two with level two and three with level one.</p> <p>Training for the clinical manager has been provided by the local hospital in-services and online training. The clinical manager provides oversight of the HCAs. The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management</p>
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		including (six-monthly) fire drills and personal protective equipment (PPE) training. Environmental internal audits are completed. The staff have had extensive training around Covid policies and protocols. The service provides training for staff around cultural safety and this includes information around Māori health information, and health equity for the residents who use the service.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Five staff files reviewed (three HCAs, one clinical manager and administrator) evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, clinical manager, GPs, pharmacy, podiatry). There is an appraisal policy. All staff who have 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 staff to provide a culturally safe environment to Māori and others.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Wellbeing support is provided to staff including access to external providers if required. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>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 secure environments. Electronic information (eg, policies and procedures, quality reports and data/benchmarking and resident information) is routinely backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation and the effectiveness of the information management system.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Entry to services is effectively managed by the facility manager, clinical manager, and administrator. 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. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>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). Signed admission agreements and consent forms were sighted in the records reviewed. Interviewed residents stated they were satisfied with the admission process and the information that was made available to them on</p>

		<p>admission.</p> <p>Residents' rights and identity are protected by ensuring residents' information is kept confidential. Family/whānau were updated where there was delay to entry to service. This was verified in enquiry records sampled.</p> <p>The clinical 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 prospective resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and the declined entry. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is yet to be implemented. The service is working towards strengthening partnerships with the local Māori communities and organisations. The clinical manager stated that Māori Health practitioners and traditional Māori healers' advice can be accessed through the local hospital 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>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>	FA	<p>Five resident files were sampled for review. The clinical manager is responsible for completing the admission assessments, care planning and evaluation with input from the healthcare assistants (HCA). The initial nursing assessments and initial care plans were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate or per the resident's request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural guidelines are used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The assessment process validates Māori healing methodologies, such as karakia, Rongoa and spiritual assistance. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p>

		<p>The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. The Māori Health plan in place 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 expressed satisfaction with their involvement in the assessment and care planning processes.</p> <p>The long-term care plans sampled 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. 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.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. A contracted physiotherapist can be contacted if required. A podiatrist visits six weekly. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the general practitioner (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</p>
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		<p>residents' files sampled. Examples of evidence of referrals sent to specialist services included referrals to the mental health services for older adults, diabetes clinic and eye clinic. The GP could not be reached on the day of the audit.</p> <p>The GP visits the service once a week and is available for afterhours 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 every three months and more frequently as determined by the resident's needs when required. Medical records were evidenced in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the electronic progress notes by the clinical manager with input from the HCAs. Any changes noted were reported to the clinical manager, 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 any acute events. 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.</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 level of care provided and in accordance with the residents' needs. The residents confirmed their involvement in evaluation of progress and any resulting changes. No family members were available for interview; however, records of communication with family via phone or email were evidenced.</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>	FA	<p>The activities coordinator provides the activities programme. Healthcare assistants support with activities on weekends. Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social history and assessment form</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>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>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. Individual, group activities and regular events are offered. The activities on the programme include exercises, van trips, puzzles, nail care, short walks, bingo, and birthday celebrations. Monthly themes and international days are celebrated. Community initiatives that meet the health needs and aspirations of Māori and whānau are provided. There are visiting community groups such as churches and local school. Cultural events celebrated include Waitangi celebrations and Matariki with art and shared lunch. Māori music is included in the music sessions. Daily activities attendance records were maintained. Competent residents have the independence of going out on their own as desired. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system for all long-term residents and a paper-based system for respite care residents. An HCA 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.</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 clinical manager 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 not used. There were no vaccines stored on site.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely, and medication reconciliation is conducted by the clinical manager 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>The clinical manager stated that residents are supported to understand their medications when required and, appropriate support, advice, and treatment for Māori will be provided in consultation with the GP for future residents who identify as Māori.</p> <p>There were no residents who were self-administering medication at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required. 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>
Subsection 3.5: Nutrition to support wellbeing	FA	Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The

<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>nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>The food is prepared on site and is in line with recognised nutritional guidelines for older people. The cook is assisted by the kitchen hands who have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian in February 2022. The food is served in the dining room. The food is served through the main kitchen server. The server is kept closed at all times except for mealtimes. Staff monitor residents during mealtimes.</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. The current food verification audit was completed in March 2022. Food temperatures were monitored appropriately and recorded as part of the food safety plan. On the day 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 is 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. Whānau are welcome to bring culturally specific food for their relative.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed 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. Residents interviewed expressed satisfaction with the food. Confirmation of residents' satisfaction with meals was verified by satisfaction surveys</p>
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		results, and resident meeting minutes.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a transfer, exit or discharge policy to guide staff on transfer, exit and discharge processes. Transfers and discharges are managed by the clinical manager and senior HCAs in consultation with the resident, their family/whānau and the GP. For residents who are transferred to acute services, a 'yellow envelope' Te Whatu Ora transfer system is used. 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.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers and specialist input to ensure safety of the resident was completed. The CM stated that residents and whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies were indicated or requested. The resident and the family were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews. When residents are discharged from the service, residents are discharged from the electronic management system and paper-based documents are archived.</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</p>	FA	<p>The physical environment supports the independence of people receiving services. The building consists of two floors with lift or stairs access. The facility provides easy access to all communal areas and bedrooms for residents requiring mobility aids, and handrails are appropriately placed. There are comfortable looking lounges for communal gatherings. The home has adequate space for equipment, individual, and group activities, and quiet space for residents and their whānau to utilise. The communal lounges and hallways are carpeted. All bedrooms have vinyl. There are seven bedrooms downstairs. There are twenty rooms upstairs. There are three double rooms which are currently only occupied by single residents. These have a privacy curtain track for use when required. There is a nursing station and separate office for management.</p>

<p>belonging, independence, interaction, and function.</p>		<p>The dining room is in the upstairs floor and can accommodate all the residents. The grounds and external areas are well maintained. External areas are independently accessible for residents.</p> <p>The maintenance person visits the facility at least once a week and per rising need. Contractors are contacted when required. The scales are checked annually. Hot water temperatures are monitored monthly in resident areas and were within the acceptable range. The service provider monitors the environmental temperature and have implemented processes to manage significant temperature changes.</p> <p>Gender-neutral toilets are available in shared spaces. Toilets are of a suitable size to accommodate equipment and the activity required for the person receiving services. Processes are in place to assure privacy. Bathrooms are conveniently located throughout the facility and are identifiable. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>Furniture and fittings are well maintained. All medical equipment is calibrated, and electrical testing and tagging is conducted regularly. The current building warrant of fitness has an expiry date of 22 June 2023. Hazards are identified according to the health and safety programme and the hazard management process.</p> <p>Home decorations reflect the culture of the resident group. Resident rooms are personalised. There is a combination of art, including items which reflect te ao Māori. There are currently no plans for further building projects requiring consultation. The owner is aware of the requirement for consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori for any new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>There are emergency procedures to guide staff when required. Compliance certificates for fire and evacuation equipment was sighted. The fire evacuation scheme was approved on 27 May 2000. 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</p>

<p>emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>completed in June 2022. Responding to emergency and security situations is included in induction and training for HCAs.</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 Te Whatu Ora requirements. Sufficient emergency supplies were available that meet the Ministry of Civil Defence and Emergency Management recommendations for the region. These include additional stored water, food, and supplies, and a civil defence kit. There are emergency lights installed in case of power failure. There are a number of staff with current first aid certificates. There is always one staff member on the roster with a first aid certificate. Enough HCAs are available at all times to support people receiving services in an emergency or crisis.</p> <p>Call bells are located in every bedroom and bathroom. Call bells are routinely checked. 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.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager is the infection prevention coordinator (IPC). The IPC reported that they have full support from the owners regarding infection prevention matters. This includes time, resources, and training. The service manager and/or facility manager attend the monthly meetings and discuss any issues raised. They are also involved in discussions around infection prevention and control. The service manager and facility manager have included reference to the infection prevention programme in the business plan. This is discussed at the monthly meetings and individually with the clinical manager. The service manager and facility manager are on site during the week and discuss the infection prevention programme as required. The clinical manager escalates any issues directly to the service manager and/or facility manager (who is also the health and safety officer) when they are on site or by phone as confirmed through interviews with the managers.</p>

		<p>All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations. The clinical manager has been in the position of IPC for five years and last attended training with an external provider two years ago.</p> <p>The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local hospital, the community laboratory, and the GP, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The Māori health plan ensures staff are practicing in a culturally safe manner.</p> <p>There has been one Covid-19 outbreak since the previous audit. the outbreak was managed as per policy, reported to the funder and Public Health, and has been extensively documented.</p> <p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) were developed in alignment with the strategic document and approved by the clinical manager and linked to the quality improvement programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the clinical manager who is appointed as the infection prevention and control coordinator. A position description for the infection control coordinator was in place with this focusing on review of infection prevention. The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local hospital, the community laboratory, and the GP, as required. The Māori health plan ensures staff are practicing in a culturally safe manner.</p> <p>The service has guidelines in place to manage and prevent exposure</p>

		<p>to infections. Infection prevention and control training is provided to residents and visitors as required and as related to pandemic requirements. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Most residents and all staff were vaccinated for Covid-19 and influenza. Completed records were sighted in all files sampled. There is a pandemic outbreak plan in place. Information and resources to support staff in managing Covid-19 were regularly updated. Visitor screening and residents' temperature monitoring records depending on alert levels by the MOH were documented. Covid-19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on site.</p> <p>Policies and procedures are documented and reviewed regularly. The infection control policy sighted has been updated to include Covid-19 and disinfection/decontamination of reusable medical devices. Documented policies and procedures for managing both manual and automated decontamination of reusable medical devices were reviewed. The clinical manager confirmed that single use items were never reused. There were no incidents recorded for reuse of single use items since the last audit.</p> <p>Internal audits are completed throughout the year, there were no corrective actions required at the last hand hygiene and standard precautions audit completed in May 2022. The clinical manager interviewed reported that cultural advice is accessed where appropriate. The clinical manager is responsible for ordering equipment etc with full involvement of the service manager and/or facility manager. There are no plans currently for redesign or changes to the building however the service, clinical and facility managers stated that all would be actively engaged in discussions if this were to occur.</p> <p>The service has documented policies and procedures in place around cleaning and laundry that reflected current best practices. Policies and procedures are accessible and available for staff in the office, and</p>
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		<p>these were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The clinical manager conducts in-service education if required otherwise all staff are required to complete online training. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The clinical manager completed various infection prevention and control training online such as hand hygiene, pandemic planning, outbreak training.</p> <p>The clinical manager stated that they would refer to the locality team (funder) and organisations in the community for information in te reo Māori if they had Māori residents.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <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>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The clinical manager is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at staff meetings. Staff confirmed that infections rates information is shared promptly. The infection control coordinator has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the local hospital, the medical laboratory, and the attending GP.</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</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. The service is actively</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>working to ensure surveillance of healthcare-associated infections including ethnicity data. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP stated they were informed in a timely manner when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. The service manager and/or facility manager are on site most weekdays and there are informal discussions with the clinical manager around any infections or improvements required. The service manager and/or facility manager attend the monthly meeting and surveillance data is discussed at this meeting.</p> <p>There has been one outbreak of Covid in April 2022. This was well managed and documented. The clinical manager notified the public health department and immediately closed the care centre to visitors and admissions. All staff and residents had a rapid antigen test (RAT) that day and staff were requested to test daily prior to coming onto the shift. If their tests were positive, then staff stayed on leave as per public health guidelines. Staff wear masks, gloves, and other personal protective equipment as per policy, public health department guidelines and circumstances. The relevant parts of the site were deep cleaned during the outbreak. Staff and residents are continuing to be monitored for any flu like symptoms and temperatures are checked daily. All managers (clinical, service and facility) were involved in supporting staff and residents during the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	FA	<p>The service policy describes safe and appropriate storage and disposal of waste, infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. The clinical manager and HCAs interviewed demonstrated awareness of safety and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place</p>

<p>safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff were observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site by HCAs or in the laundry which has a clear separation of clean and dirty areas. The residents interviewed expressed satisfaction with the laundry management and the clothes are returned promptly. All received appropriate training in chemical safety training annually and infection control, including Covid-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in three locked rooms across the service. There is one cleaning room where all cleaning trolleys are stored when not in use, which is kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>There is one cleaner employed five days a week and HCAs also help clean if required. The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to Covid-19. The residents interviewed reported that the environment was clean and were satisfied with laundry services. The care staff demonstrated a sound knowledge of the laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. The clinical manager demonstrated commitment to this. Restraint has not been used in the facility since 2018. When restraint is used, this is as a last resort when all alternatives have been explored. Restraint is included on the agenda for staff meetings.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least</p>

practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		<p>restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The clinical manager in consultation with the facility manager and the GP would be responsible for the approval of the use of restraints should this be required in the future and there are clear lines of accountability.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.