

Well Health Care Limited - Fencible Manor Rest Home

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:	Well Health Care Limited
Premises audited:	Fencible Manor Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 July 2022 End date: 27 July 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	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
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

Fencible Manor is privately owned and is located in Auckland. There are two owners (one of whom is the manager) who are on site during the week. They are supported by a full-time registered nurse who works Monday to Friday and provides on-call services along with the manager who is also a registered nurse. The service is certified to provide rest home level of care for up to 19 residents. On the day of audit there were 19 residents.

This certification audit was conducted against the relevant 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, relatives, staff, the owners (one of whom is referred to as the manager, and one is responsible for maintenance), and the general practitioner.

Policies, procedures, and processes are established to meet the Health and Disability Services Standard and contracts. Quality systems are implemented, and a culture of quality improvement is embedded into the delivery of services and care.

This audit did not identify any shortfalls and meets the intent of the standards.

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 state that culturally appropriate care would be provided for Māori residents if they were to come into the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable care for all. The service predominantly has an Asian and 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.

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 governance and management team are the owners who take responsibility for specific leadership roles within the organisation. The owner referred to as the manager is a registered nurse and is on site to provide operational and clinical oversight. A registered nurse is employed to provide day to day clinical management. The business/quality plan includes mission, vision, and values statements with goals documented. These are regularly reviewed at defined intervals.

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

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

The activities coordinator provides and implements an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single and able to be personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There have been residents and staff with Covid, and this has been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The organisation has implemented policies and procedures that support the philosophy of no restraint. There were no residents with restraints during the audit. Staff receive training in restraint minimisation and managing challenging behaviour.

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	159	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>	<p>FA</p>	<p>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents. The policy and guidelines are based on Te Tiriti o Waitangi with the documents providing a framework for the delivery of care. The service describes their commitment to the Treaty as follows: partnership where choices are offered, staff ask for opinions, and clear expectations are agreed; participation where there is a commitment to seek feedback and engage residents through the activities programme, resident meetings and one-to-one interactions; protection where managers and staff accept different preferences and perceptions; and a safe environment that includes safety for physical, emotional and spiritual health. Whānau would be asked to support individual needs.</p> <p>The service had no residents who identified as Māori at the time of the audit. Fencible Manor serves predominantly an Asian and New Zealand/European population although the owner stated that Māori would be welcomed into the service if they chose to reside there. The manager states that they are able to access a kaumātua if the need</p>

		<p>arises. There are no Māori staff. The service has a policy for equal opportunity.</p> <p>Residents and family are involved in providing input into the care plan, their activities, and their dietary needs. The manager stated that that would also be put in place for any Māori residents should they reside at the service.</p> <p>Interviews with managers and staff (the manager (registered nurse), maintenance staff (owner), registered nurse, two caregivers, activities coordinator, and the 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. Some information is translated into different languages with this including Māori and English signage, greetings displayed in Māori, and encouragement for staff to improve and use te reo Māori.</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>There is a Pacific peoples policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The organisation is working towards the development of a Pacific health plan. The manager interviewed stated there are plans to partner with a Pasifika organisation and/or staff to provide guidance. Cultural safety training has been provided to staff in 2021.</p> <p>None of the residents identify as Pasifika. There are staff employed who identify as being from the Pacific Islands, and they would be able to provide support for any resident who was admitted to the service if required</p> <p>Documentation on entry includes the resident's ethnicity which is recorded in the electronic resident management system. This data is analysed as part of the Ministry of Health reporting requirements. The manager described how they would encourage and support any applicant that identified as Pasifika through the employment process.</p>
Subsection 1.3: My rights during service delivery	FA	Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are

<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>included in the information that is provided to new residents and their families/whānau. The manager and registered nurse 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 and in languages of current residents at the service. Managers and some staff speak languages of residents in the service apart from the language for one resident where family visit daily and interpret when required. Discussions relating to the Code are held during the six-monthly care plan review meetings.</p> <p>Three residents and three family members interviewed spoke highly of the service and all stated 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 through family and in the community. Family interviewed stated that they would support their family members to attend spiritual services if required and residents confirmed that staff would support them to access groups in the community if they wished to attend.</p> <p>The caregivers 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. 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 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</p>	<p>FA</p>	<p>The service has a mix of predominantly Asian and New Zealand/European residents. Some residents have limited English. Most staff have a number of languages that they speak including Mandarin, Cantonese, and Pacific Island languages. One resident is</p>

<p>respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>fully supported by family to engage with staff, with family visiting daily and available by phone at any time.</p> <p>Caregivers and the 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>Caregivers interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over and choice over activities they participate in. Cultural identity is included in the cultural component of 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.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. There are no shared double rooms.</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 the service is</p>
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		Asian/New Zealanders, and this is not the preferred language of residents or family.
<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. The service is actively looking to engage more Asian staff particularly for food services and the activities programme.</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 caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is very good.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service as confirmed by staff interviewed. 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. The general practitioner, registered nurse, manager, and staff interviewed along with residents and family interviewed confirmed that there was no abuse or neglect. Staff also stated that they work as a team and as 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 residents or family manage their own finances.</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. Satisfaction surveys are completed annually with the last completed in November 2021. The survey tool is interpreted into the main languages of the resident population. The survey confirmed that residents and families are treated with respect and are very satisfied with the service provided. This was also confirmed during interviews</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>with residents and families. Resident meetings are held twice a year. Newsletters have been sent to family throughout the Covid pandemic updating family on any changes to the visiting etc. The newsletters have been interpreted into Asian languages and English. The manager stated that residents and family will come and talk with staff or the owners whenever there are any concerns. Engagement with family has continued during the pandemic with emails and phone calls. All residents have been encouraged to use tablets and phones to communicate with family 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. Ten accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. They also stated that they could express any concerns or ask questions at any time or at the six-monthly meeting where care plans were reviewed.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Staff and family interpret for residents. External interpreting services are available if required. The registered nurse has tried to find an app to interpret for one Asian resident, however, there are no interpreting tools available online. Family interprets for this resident.</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 manager, registered nurse, and other providers as required, and used by residents. Residents/relatives provide consent and are communicated with in regard to services</p>
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		involved. The managers and staff described providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The manager and registered nurse (RN) along with caregivers interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinical-based decision on resuscitation authorisation in consultation with residents and EPOA/ family/whānau. The RN reported that the GP and registered nurse explain about advance directives and encourage residents to document these.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with family confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and kept in the residents' files. In interview with residents, they reported that they felt safe, protected, and listened to and happy with care/consent processes.</p> <p>The manager and RN reported that tikanga best practice guidelines in relation to consent will be observed as outlined in the care plan, should Māori residents be admitted to the service.</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The 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 were no complaints logged in the complaint register in 2022 and two recorded for 2021. The manager stated that residents were</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>very independent and vocal and raised concerns which were addressed by staff straight away. One of the two complaints was forwarded through the Health and Disability advocate. The complaint was closed in a timely manner with no corrective actions or recommendations noted. Both complaints were investigated and closed out in a timely manner. Complainants were informed of the outcome of the investigation.</p> <p>Discussions with residents and relatives 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> <p>The Code is visible, and available in te reo Māori, Asian languages, and English, with staff able to describe the complaints process as per the Code.</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>Fencible Manor 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 in a 'homely' and culturally appropriate environment. The philosophy is about providing needs-based care. The business/quality plan for 2022 provided specific aims, and ambitions to be achieved with this reviewed on a quarterly and annual basis. The 2021 business/quality plan had been reviewed prior to the 2022 plan being developed.</p> <p>The manager is on site often daily and if not, then two to three times a week. The registered nurse confirmed that they were able to contact the manager at any time and stated that they are extremely responsive. Residents and family also stated that the manager is well known to them and is readily available.</p> <p>There are two owners/directors who have owned and managed the business since 2012. The manager was the registered nurse at the service from 2012 and continues to hold a current annual practicing certificate. The registered nurse has been at the service for three</p>

		<p>years and is in a full-time position. A consultant is contracted to support policy development, training and provides advice and support when required. The manager and registered nurse have completed over eight hours training per year including attendance at training sessions held through the local hospital when these are provided.</p> <p>The service has a contract with the funder for the provision of aged-related rest home level care for up to 19 residents. There were 19 residents on the day of audit. All residents were under the Age-Related Residential Care (ARRC) contract.</p> <p>The manager and registered nurse have completed Treaty of Waitangi and cultural training. Interviews with both confirmed they are committed to supporting the Ministry of Health’s Whāia Te Ao Mārama Māori health strategies. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori, to ensure tāngata whaikaha have meaningful representation, and to identify and address barriers for Māori for equitable service delivery. The manager states that they are able to access a kaumātua locally if required. The service is working towards strengthening relationships with Māori providers and kaumātua to have input to facility policies. 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</p>	<p>FA</p>	<p>Fencible Manor 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. The service does not yet benchmark with other facilities and is working towards using critical analysis to improve health equity.</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 (ten per year) provides an avenue for discussions in</p>

<p>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>relation to key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. The service has continued to hold meetings through the pandemic apart from not having a meeting when there was an outbreak in March 2022. The manager and all staff interviewed stated that there had still been good communication around data and other information through informal meetings and emails.</p> <p>The service has annual satisfaction surveys with the questionnaires in both English and Asian languages. Reports from surveys held in November 2021 showed that residents were very satisfied with the service offered.</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 developed by an external consultant, are regularly reviewed and have been updated to meet the 2021 standards. 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. Nine resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by the registered nurse or 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 state that they are kept informed on health and safety. A physiotherapist is available to</p>
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		<p>provide contracted services.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have not been any section 31 notifications required to be submitted to HealthCERT since the last audit. There has been one outbreak (Covid 19) in March 2022 since the last audit. The outbreak was documented with learnings discussed at the staff meeting.</p> <p>The service works in partnership with allied team members from Te Whatu Ora and from the family and residents to ensure that they deliver a service that meet the needs of the residents and family.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy 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 manager, RN and caregivers hold current first aid certificates. The roster is adjusted, if necessary, to ensure that there is a first aid trained staff on duty 24/7. Agency staff are available if required however none have been used since the last audit.</p> <p>Interviews with the manager, the registered nurse and the caregivers confirmed that overall staffing is adequate to meet the needs of the residents.</p> <p>The registered nurse is available Monday to Friday each week and on call when not available on site. The manager is also on site during the week (at least 16 hours on site) and is on call when required to cover for the registered nurse. The manager is interRAI trained and completes all interRAI assessments.</p> <p>There is one caregiver on each shift.</p> <p>There is an annual education and training schedule being implemented. Training is delivered via in-services and online. Staff attended mandatory cultural training in 2021 with evidence of high staff participation. Competencies are completed by staff including</p>

		<p>medication, hand hygiene, infection control, fire and emergency training and manual handling. A record of completion is maintained in each staff members files. The caregivers are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are four caregivers with a level four NZQA certificate in health and wellbeing, one level seven (team leader), two with level five, two with level two and two with level one.</p> <p>Training for the SM/RN manager and others as required is provided by the local hospital and through in-services and online training. The service manager provides oversight of the caregivers. 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. The service share health information including quality data with staff. The management report this would be inclusive of any data for future Māori residents.</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 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.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (two caregivers, one caregiver/team leader, service manager and the cook) evidenced implementation of the recruitment process, employment contracts, police checking 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>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>A register of practising certificates is maintained for all health professionals (eg, RNs, 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 support programmes 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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in secure environments. Electronic information (eg, policies and procedures, quality reports) 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</p>

		their records as to the quality of the documentation and the effectiveness of the information management system.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The manager is available to answer any questions regarding the admission process and a waiting list is managed. The manager advised that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity data from all residents on admission and have started to analyse this for the purpose of identifying entry and decline rates for Māori. The manager states that they have access to a kaumātua when 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</p>	FA	<p>Five rest home resident files were reviewed. The registered nurse (RN) or manager (registered nurse) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and review forms.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments</p>

<p>whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>and care plans were signed and dated. All five resident files reviewed had up to date interRAI assessments, and reassessments completed. There is a specific cultural assessment in the assessment, and evidence of resident and family input into assessments and care plan development.</p> <p>The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. The manager and registered nurse described how they support residents and families to have input to identify their own pae ora outcomes. The service provides information in a way that residents and their families can understand. This includes translated information and forms in the languages of the residents, having staff employed who can explain information in the language of the residents and linking in with family who provide support and information to residents and staff in appropriate languages. The service works alongside all residents (including those with disabilities) and families to ensure that they are fully informed at all times. If residents require external allied health services, the GP will refer them to the appropriate service.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. There is one GP who visits monthly or as required. The GP is on-call after hours. The RN is also available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contacts a physiotherapist if required. A podiatrist visits six-weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit. Progress notes are written daily and as necessary by caregivers and the registered nurse</p>
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		<p>or manager. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Plans were updated as changes occurred for the resident as well as the regular three-monthly reviews which residents and/or families are invited to attend. Progress towards goals is discussed and documented. If families are unable to attend, the RN's email the results of the review to the families. Short-term care plans were developed for short-term problems such as infections, weight loss, and wounds, or in the event of any significant change with appropriate interventions to guide staff. The short-term care plans were reviewed weekly or earlier if clinically indicated, by the degree of risk noted during the assessment process. Interventions were added to the long-term care plan if the condition did not resolve in three weeks or as expected.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters an RN initiates a review with a GP. Family were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status, as confirmed by family interviewed and through review of ten incident forms. There were no residents with wounds or pressure injuries on the day of audit. A wound register is maintained.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Caregivers, registered nurses or the manager complete monitoring charts including blood pressure, weight, pain, behaviour, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries.</p>
Subsection 3.3: Individualised activities	FA	There is an activities coordinator who works three hours a day, five days a week and they have a first aid certificate. The overall programme has integrated activities that are appropriate for all

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>residents. The activities are displayed in large print on all noticeboards. If they wish, residents may have a copy in their rooms. Activities include exercises, walks, newspaper readings, housie, ball games, sing-a-longs, dancing, Tai Chi, word games, board games, arts and crafts and van outings. The programme allows for flexibility and resident choice of activity. One-on-one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to participate in activities or who choose not to be involved in group activities. There are plentiful resources.</p> <p>There is a resident cat. Prior to Covid there was pet therapy, but this has not yet recommenced. There is an interdenominational church service every Sunday. A priest visits to give Catholic residents communion. A hairdresser visits weekly. Prior to Covid there were also visiting entertainers, school, and cultural groups but as yet, these have not recommenced. Residents are encouraged to maintain links to the community whenever possible. Families are encouraged to take their relatives for a drive or out to a café.</p> <p>The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings. The residents and relatives interviewed were happy with the variety of activities provided but did comment that they would like to see some activities, curtailed by Covid precautions, recommence. The service is working towards ensuring that when they have Māori residents, their staff support them in meeting their health needs and aspirations in the community and facilitating Māori residents to participate in te ao Māori.</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</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room. The registered nurse, manager and medication competent caregivers give medications. They all complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the medication</p>

<p>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>chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were no residents self-medicating on the days of audit. There are no standing orders. There are no vaccines stored on site.</p> <p>The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Ten medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified.</p> <p>The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over the counter medications in use. The service is working towards providing appropriate support advice and treatment for any future Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a cook. There are no kitchen hands, however, caregivers assist the cook with serving of meals and washing dishes. All meals and baking are prepared and cooked on site. The cook has completed a food safety certificate. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen serves meals over the kitchen counter into the adjoining dining room. Residents are encouraged to come to the dining room for meals but may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. The cook and care staff interviewed</p>

		<p>understood basic Māori practices in line with tapu and noa.</p> <p>The food control plan was issued in June 2022. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required) dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings which is attended by the kitchen manager when required. The facility has recently introduced a separate Chinese menu at dinner time. This is still in a trial period but appears to have been met with approval from the Asian residents. The facility is currently advertising for a Chinese cook. The cook stated that the kitchen has done 'boil ups' in the past. Residents and family/whānau interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The facility uses the 'yellow envelope' system. The residents and their families were involved for all exits or discharges to and from the service. All residents are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires in August 2023. There is no maintenance person on site, however, the co-owner does minor repairs, and a handyman is contacted as required. There is a maintenance request book in the office and the RN checks this daily and contacts the appropriate person. This is signed off when repairs have been completed. Plumbers and electricians are contacted as required. There is a contracted gardener who comes in monthly. The RN checks hot water temperatures monthly and contacts a plumber if required. There is a preventative maintenance schedule checked monthly by the co-owner. Testing and tagging of electrical equipment was completed in January 2022. Checking and calibration of medical equipment and scales was completed in May 2022. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.</p> <p>The facility is over two floors; there is a lift between floors (this is for people only, it is not large enough to accommodate beds/stretchers). Residents who resident upstairs are independently mobile and if this changes, they are transferred downstairs. There is a safety gate at the top of the stairs. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The downstairs area has an external deck with seating and shade. The upstairs area has a balcony with seating and shade. Residents have safe access to the garden and all communal areas.</p> <p>All rooms are single. Downstairs there are six rooms with ensuites and seven rooms that share communal showers, toilets, and hand-basins. Upstairs one room has an ensuite, two rooms share an ensuite and two rooms share a communal shower, toilet, and hand-basin. The communal showers have privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day</p>
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		<p>of audit.</p> <p>Downstairs there is a lounge and a large dining room off the kitchen. Upstairs there is a large lounge. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in the communal areas and residents' rooms have electric panel heaters which they can adjust themselves.</p> <p>The facility encourages non-smoking. The service is aware of their obligation to include Māori input to ensure the identity and aspirations of Māori are included if they have any plans to build or add any extensions.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly and was last held in May 2022. On the day of audit, smoke detectors were being checked by fire service contractors. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a large civil defence response box in the clean area of the laundry. This is checked six-monthly. In the event of a power outage, there is emergency lighting available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal showers and lounge/dining room areas. Indicator lights are displayed above resident doors to alert care staff to who requires assistance.</p>

		<p>Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. There is security lighting outside. Currently, under Covid restrictions visitors are controlled by reporting to an area outside the main door. They are asked to sign in, wear a mask and a rapid antigen test (RAT) is completed before entry to all areas.</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 infection control coordinator is an RN who oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control coordinator and the contracted Care Association NZ. Infection control audits are conducted and reported at quality and risk management meetings. Infection rates are also presented and discussed with the RN, owner and at quality and risk management meetings. The facility does not benchmark with other facilities. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local hospital.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
Subsection 5.2: The infection prevention programme and	FA	The designated infection control coordinator (RN) is supported by the manager and the contracted consultant. During Covid-19 lockdown

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>there were regular meetings with the quality management team which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online training held at the local hospital, and there is further education planned. There is good external support from the GP, laboratory, and the infection control nurse specialist from the local hospital. There are outbreak kits readily available and a personal protective equipment cupboard. Extra PPE equipment is supplied as required. The infection control coordinator is involved in the procurement of supplies and equipment, and along with the manager and contracted consultant, would have input to any new buildings or refurbishments.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training and education of staff. Policies and procedures are reviewed by the infection control coordinator and Care Association NZ and are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. Audit tools are in place to check these are being utilised and best practice standards are being met. All shared equipment is appropriately disinfected between use. Single use equipment is used only once for the intended purpose and disposed of appropriately. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti o Waitangi.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards and at handovers. Staff have completed handwashing and personal</p>
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		protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, emails, and phone calls.
<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 service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to staff meetings. They are also reported to the manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</p> <p>Infection control surveillance is discussed at staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections. The service receives email notifications and alerts from the local hospital for any community concerns.</p> <p>There were sixteen residents and six staff infected with Covid19 in March 2022. All have recovered well. The facility followed their pandemic plan. All residents were isolated in their rooms. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept</p>

		informed by phone or email. Visiting was restricted.
<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 policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. A sharps container is available and meets the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is one cleaner for the whole facility, and they are assisted by caregivers if required</p> <p>There is no sluice room, however, staff are able to rinse and soak any linen as required. If disinfecting of pans/urinals is required (rare), this is completed in the residents' toilets. Goggles are available and are kept in the laundry. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site. The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen and personal laundry are returned to linen cupboards and residents' rooms on trollies. The linen cupboard was well stocked. The washing machines and dryers are checked and serviced regularly. All laundry is completed by caregivers.</p> <p>Cleaning and laundry services are monitored by the RN.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	FA	<p>Fencible Manor is committed to a restraint-free environment and this was reflected in the policy and during interviews with the manager, registered nurse, and staff. The manager and registered nurse are kept informed about any use of restraint and during interview confirmed that no residents had been restrained since the last audit. There are policies around restraint including definitions. The registered nurse is the restraint coordinator. There were no restraints in use during the audit.</p> <p>Staff receive training around restraint minimisation and managing</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>challenging behaviours as part of the annual mandatory training. The service focuses on de-escalation techniques and one-on-one activities to maintain its restraint-free environment.</p> <p>The manager and registered nurse work closely together and there are processes described in policy to report ethnicity, type and frequency of restraints and data analysis should they be used in future.</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.