

Lifecare Funds Limited - Kolmar Lodge 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:	Lifecare Funds Limited
Premises audited:	Kolmar Lodge Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 August 2022 End date: 12 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:	20

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

Kolmar Rest Home, located in Papatoetoe, Auckland, provides rest home level of care for up to 26 residents. There were 20 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, and staff.

The operations manager has extensive experience in the aged care sector and is supported by an assistant manager and registered nurse. Feedback from residents and families was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service 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.

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

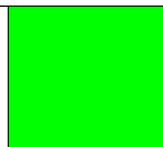
The business quality, risk management plan includes a mission statement and operational objectives. The service has quality and risk management systems documented in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Collation of data were all documented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

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme is implemented, and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

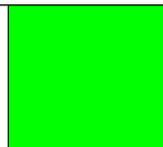
The operations manager and the registered nurse efficiently manage entry processes. The registered nurse and the general practitioner (GP) assess residents on admission. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated 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. 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.

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.



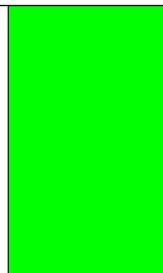
Subsections applicable to this service fully attained.

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

Testing, tagging, and calibration is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Hazards are identified with appropriate interventions implemented. 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 implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated a good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been one infection outbreak (Covid) reported since the last audit that was managed effectively.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the operations manager. There are no restraints used at Kolmar Lodge. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	149	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>A Māori Health Plan and Cultural Safety Tikanga Māori policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori.</p> <p>On the day of the audit, there were residents who identified as Māori. All residents (where able) and family/whānau are involved in providing input into the resident’s care planning, their activities, their cultural and dietary needs. This was confirmed in interviews with three residents and two family/whānau interviews. The management team (operations manager, one assistant manager, the clinical RN coordinator,) and staff (three caregivers, two registered nurses [RNs] and one activities coordinator, one health and safety representative, one allied health RN, and one cook) described how care and services are based on the resident’s individual values and beliefs.</p> <p>At the time of the audit there were Māori staff employed at the service.</p>

		The service is strengthening their relationship with Papakura based Te Tahawai Marae Komiti Incorporated 2021. A meeting has been scheduled to formalise cultural advice, support, and education for staff. There are guidelines in place regarding things tapu such as birth, death, sickness, and cultural taboos are identified such as sitting on tables and passing food over the head. Interpreters are available through Te Tahawai Marae Komiti Incorporated.
<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>During the admission process all residents state their ethnicity. Staff and management reported that family members of Pacific residents are encouraged to be present during the admission process including completion of the initial care plan. Individual cultural beliefs are documented in each resident's care plan and activities plan. The service has a 'Guidelines for the Provision of Culturally Safe Services' for others. The service is working on developing a Pacific health plan.</p> <p>There are currently staff and residents who identify as Pasifika. The management team plan to partner with local organisations and groups to provide input to the Pacific health plan to ensure achieving equity and efficient provision of care for Pacific residents. The service has links with the church of Samoa who along with staff provide support to residents who identify as Pasifika where appropriate.</p> <p>Interviews with staff and documentation reviewed identified that the service puts people using the services, family/whānau, and communities at the heart of their services. The resident files of Pacific residents identified residents' specific cultural needs.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p>	FA	<p>Interviews and documentation confirmed service delivery is focused on the health, wellbeing, and cultural needs of its residents. Staff could describe client rights as per the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Copies of the Code are given to all residents on admission and family/whānau. The Code is displayed in poster form in English and Māori in communal areas. Interviews with residents and family/whānau confirmed they understand the Code and know about their rights. Access to interpreters is available if required. The Nationwide Health and Disability Advocacy Service pamphlets</p>

<p>requirements.</p>		<p>are contained in the information provided and are accessible. Interviews with residents and family/whānau and observations during the audit demonstrated they are provided with adequate information and that communication is open. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Plans are underway to ensure that the service recognises Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents and family/whānau interviewed reported that during the assessment and planning processes they have opportunities to share what is important to them as part of that process. They also reported that staff respond in an affirming way to their identity expression and gave examples of staff supporting residents. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents and family/whānau interviewed stated that staff treat them with respect and dignity and support them in their right to be as independent as possible. All staff address residents by their given name or preferred name. Staff were observed to knock on residents' doors before entering, and speak to residents in a tone, and manner that is respectful.</p> <p>The services annual training plan demonstrated training that is responsive to the diverse needs of people across the service. Satisfaction surveys were last completed in March 2022 and confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place and staff training occurred in 2021. Staff interviewed stated they respect each resident's right to</p>

		<p>have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau 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 family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are available and attended. A spirituality policy is in place.</p> <p>Management aims to encourage staff to use te reo Māori and to use te reo Māori signs in a selection of locations throughout the facility. A Māori staff member and Te Tahawai Marae Komiti Incorporated will assist in teaching te reo Māori to staff and residents. Cultural training was last completed in 2021 and 2022 with plans to roll out more specific Māori cultural training for staff in 2023. Work is underway to ensure tāngata whaikaha needs are met and acknowledge the interconnectedness and inter-relationships of all living and non-living things.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The services current abuse and neglect policy is being implemented. Kolmar Lodge policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The services staff code of conduct and house rules are discussed during the new employee's induction. Staff complete education in orientation and annually around Elder Abuse which includes how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. Residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Family/whānau interviewed confirmed that the care provided to their family/whānau member is outstanding.</p> <p>Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries,</p>

		including the boundaries of their role and responsibilities. Professional boundaries are covered as part of the orientation process. The services Safety Abuse and Security Policy identifies discrimination and exploitation and includes resident's finances and personal belongings. Work is started to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>The service has a current open disclosure policy and procedure. Communications between staff and residents take place in a range of formats. Residents and family/whānau interviewed reported that they receive communications that are effective, transparent, open and happen in ways that are useful for residents, and that meet their personal needs. Residents and family/whānau reported feeling valued and listened to, and that staff are friendly and warm in their interactions, with communications allowing sufficient time to make decisions. Family/whānau also reported that communications with staff are warm, clear, and effective.</p> <p>Staff reported, as relevant the service communicates with other agencies that are involved with residents' care. Communications were noted in the resident files.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English. They are supported by staff who speak their language. English is the main language used in the service. At the time of the audit there were no residents requiring interpretation of any other language. Staff are aware that they can access interpreters for sign language if this is 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</p>	FA	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for relative/next of kin and medical information release were also on file. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance</p>

<p>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>		<p>directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The manager maintains a record of all complaints, both verbal and written, on a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The manager maintains a complaint register. There have been no complaints in 2021 to year to date in 2022. The management team interviewed could describe the management of complaints including expected timeframes of acknowledging the complaint, investigation, documentation and maintaining communication with the complainant. Complaints and compliments are an agenda item on meeting minutes sighted.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints. Complaints forms are available at the entrance to the facility and in the resident and family/whānau information packs. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an HDC advocacy</p>

		<p>brochure.</p> <p>The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. The service uses their best efforts to verify that Māori and whānau understand their rights.</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>Kolmar Lodge Rest Home provides care for up to 26 residents with 20 rest home beds occupied on the day of audit. This is one of three aged care facilities owned and managed by Lifecare Funds Limited. The service is certified to provide rest home level of care. All residents are under the Age-Related Care contract apart from two under a long-term support – chronic care (LTS-CHC) contract.</p> <p>There are two owner/directors with at least one of the directors attending the integrated management meetings. The directors are also available to the operations manager at any time. The 2022 business plan is documented. The plan links to objectives documented in the long-term business development plan March 2020 to March 2025. The plans are reviewed through the integrated management meeting attended by the directors, operations manager, assistant manager, and the clinical coordinator. The vision to provide a homely environment and values are documented and are displayed in the foyer. The operations manager, assistant manager and clinical coordinator confirmed knowledge of the vision and values and were able to give examples of how these were implemented.</p> <p>The operations manager is a registered nurse with a current annual practicing certificate who has been in the role for over 15 years. She is supported by an assistant manager who has worked for the service for 25 years and a clinical coordinator (registered nurse) who has been in the role for four years.</p> <p>Kolmar Lodge has a philosophy of care, which includes a mission statement, core values, and objectives. Empowered by the mission of the home, all residents are treated with kindness and respect of their culture, ethnicity, beliefs, and values. Kolmar Lodge has a 2022 business, quality, risk, and risk management plan which includes a</p>

		<p>mission, philosophy, goal objectives, risk analysis and management. The business plan goals are defined and regularly reviewed as seen in the integrated management meeting minutes.</p> <p>The directors work with management to meet the requirements of relevant standards and legislation. The manager, assistant manager, and clinical nurse manager reports at the meetings with an overview of adverse events, health and safety, staffing, infection control and all aspects of the quality risk management plan.</p> <p>Critical and significant events are reported immediately to the operations manager and directors. The directors review and discuss the reports and quality data provided, to review and plan services.</p> <p>The directors are working towards accessing Māori representation at a governance level. Work is underway to collaborate with mana whenua and tāngata whaikaha in business planning and service development that will improve outcomes and achieve equity for Māori. The service is working towards identifying and minimising barriers and assist with identifying solutions to achieve equity and improve outcomes for residents who identify as Māori and Pasifika, as well as residents with disabilities.</p> <p>Plans are in place for the manager, assistant manager, and clinical nurse coordinator (registered nurse) to attend cultural training to demonstrate expertise in Te Tiriti, health equity and cultural safety.</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</p>	<p>FA</p>	<p>Kolmar Lodge has a quality and risk management plan that is documented to guide practice. This includes management of incidents and complaints, internal and external audit programme, resident, and family satisfaction surveys, monitoring of outcomes, clinical incidents, and accidents including infection surveillance.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the external consultant and have been updated to meet the 2021 standards. New</p>

<p>governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>policies or changes to policy are communicated to staff. In interviews conducted, staff confirmed that they have access to policies and procedures as required.</p> <p>A range of quality indicators including (but not limited to) infections, incidents and hazards are collated, and analysed monthly and are benchmarked. Internal audits were evidenced as occurring as scheduled. Meeting minutes reviewed confirmed regular review and analysis of quality indicators including benchmarking and that related information is reported and discussed at the integrative meetings with the director/s, quality/infection control/health and safety, staff meetings, and resident meetings (where appropriate). The operations manager reports to the directors. Staff reported their involvement in quality and risk management activities through audit activities. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Family/whānau satisfaction surveys are completed every six months with evidence of this sighted. Results are analysed and utilised to make service improvements when required. The feedback survey results reviewed showed positive responses to care, communication, and support.</p> <p>In interviews conducted, staff confirmed that they have access to policies and procedures as required. Service documentation confirmed where data identifies any shortfalls, the problem is identified, and corrective actions are developed, implemented, and closed off when completed.</p> <p>The manager described the process for the identification, monitoring, review, and reporting of risks and the development of mitigation strategies. The management team are familiar with the Health and Safety at Work Act (2015) and has implemented requirements. Internal audits have occurred as per the internal audit scheduled for 2021 and 2022. Hazards are identified and documented on the hazard register.</p> <p>Staff document any adverse events and/or any near miss events. A</p>
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		<p>sample of 10 incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Family/whānau members were informed where necessary.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification since the last audit where a resident wanted to leave. The resident would not listen to anyone, and the police were called. There has been one Covid outbreak in May/June. Te Whatu Ora was informed of the outbreak.</p> <p>The service is developing links with other external agencies in the community and are currently working on strengthening their relationship with Te Tahawai Marae Komiti Incorporated.</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 that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses and most caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during caregiver interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The operations manager, assistant manager and clinical coordinator are available Monday to Friday and are on call when not available on site. Staff interviewed stated that staffing levels are satisfactory, and the managers and clinical coordinator provide a lot of support.</p> <p>There are two caregivers in the morning (have one long and one short shift) and two in the afternoon (both long shift) and two caregivers overnight on site (one on shift and one on call). Extra staff during the day include a rostered activities coordinator who works five hours a</p>

		<p>day, between 9.30 am and 3 pm, seven days a week.</p> <p>Staff working on the days of the audit, were visible and attending to call bells in a timely manner as observed during the audit.</p> <p>Residents and family/whānau interviewed also reported there are sufficient staff numbers to meet resident needs. All described the staff as respectful, engaging and always available.</p> <p>The education planner for 2022 is implemented and includes all required education. Training is delivered in person or using online and self-directed learning packages with a questionnaire. Staff attended mandatory cultural training in 2022. Medication competencies and donning on and off of personal protective equipment are completed as scheduled. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi in 2022. Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>All staff are encouraged to achieve a New Zealand Qualification Authority (NZQA) qualification through Careerforce. There are a total of seven caregivers employed at Kolmar, who have achieved either level 2 or 3 health and wellbeing qualifications, and those with extensive experience. Staff interviewed confirmed if they wished they would be supported to complete a formal Careerforce qualification.</p> <p>The manager and clinical nurse coordinator provided evidence of maintaining at least eight hours annually of professional development activities related to managing a rest home and included infection control training. The two registered RNs are interRAI trained.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (four caregivers and one clinical coordinator) evidenced implementation of the recruitment process, employment contracts and completed orientation.</p>

<p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>Both RNs have current practising certificates. There is an appraisal policy. Appraisals have been consistently completed for all staff employed for longer than one year.</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. Competencies are completed at orientation. The service demonstrated that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Staff wellbeing is acknowledged Employee assistance programmes are made available where indicated.</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 hard copy. Electronic information (eg, policies and procedures, quality reports, meeting minutes) are backed-up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>The entry criteria are clearly communicated to people, family/whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry. The admission agreement and service brochure</p>

<p>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>		<p>have accurate information about the services provided and costs of accessing services. The operations manager stated that at times enquiries are made over the phone and information about the services provided is explained and discussed with the enquirer. 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 operations manager manages all requests for admission to the service. The admission criteria are documented to guide staff on entry processes. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). Signed admission agreements and consent forms were available in the records reviewed. Family members interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>The manager reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential.</p> <p>The manager reported that if a referral is received and the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and the declined entry which includes ethnicity. The service has links with iwi and Māori organisations and is planning to partner with local Pasifika community groups. The registered nurse confirmed that Māori Health practitioners and traditional Māori healers can be accessed if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed, including two residents on a long-term service's chronic health contract (LTS-CHC), with the registered nurse being responsible for conducting all assessments and for the development of care plans. There is evidence of whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact</p>

<p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>forms. The service supports Māori residents and whānau to identify their own pae ora outcomes through the use of a Māori specific assessment and care plan.</p> <p>The service uses a range of assessment tools in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include falls, pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents including residents funded by LTS-CHC. Evaluations were completed six monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations are currently undertaken by the registered nurses as required and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once monthly and also provides out of hours cover. The GP was not available for interview during the audit process. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service utilises a physiotherapist as required, and a podiatrist visit regularly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required</p>
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		<p>through Te Whatu Ora Counties Manukau.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. The handover included a walk around and physical sighting of all residents by staff coming on duty. Progress notes are written daily and as necessary by caregivers and at least weekly by the registered nurse. The registered nurse further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the staff alert the registered nurses who then initiate a review with a GP. Family have been notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status. A family communication sheet records family notifications and discussions. There were no current wounds; however, the service has comprehensive wound assessments which would include photographs showing wound progress. A wound register and wound management plans are available for use as required. There is access to the wound nurse specialist via Te Whatu Ora Counties Manukau if required. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the registered nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p>
Subsection 3.3: Individualised activities	FA	The operations manager is a qualified diversional therapist, who is supported by two activities assistants, leads, and facilitates the seven day per week activity programme. Saturdays and Sundays have

<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>caregivers facilitating activities that have been pre-prepared by the activities team and the activities assistants will also attend weekends for special celebrations and outings. A weekly activities calendar is posted on the noticeboards located in each area and families are also kept informed of activities and upcoming events via email, which facilitates family/whānau attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities staff/caregivers.</p> <p>The service provides a range of activities such as crafts, Zumba exercises, bingo, baking, quizzes, sing-alongs, movies, and van trips utilising a minibus shared with a sister facility and a hired mobility van when required. At least two staff accompany residents on outings, one of whom being CPR/first aid trained. Residents enjoy visits to local parks, gardens, and shopping centres. Community visitors include entertainers, canine pet therapy, and local churches. The service provides music therapy, audible books, and exercise sessions for the residents. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Cultural themed activities including the use of Māori music, poi, language, and TV/film are utilised. The use of te reo Māori for everyday use is encouraged and residents are assisted in karakia before meals by the activities team. Families/whānau interviewed spoke positively of the activity programme.</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 available for safe medicine management that meet legislative requirements. All clinical staff (registered nurses, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered</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>nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' PRN medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. There were no self-medicating residents at the time of audit, no standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurse interviewed described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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</p>	<p>FA</p>	<p>The lead cook oversees the food service, and all meals are cooked on site. There is a seasonal four-week rotating menu, which has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special</p>

<p>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>diets. Meals are served directly from the kitchen to the dining room with a covered tray service available for those residents preferring to eat in their rooms. The lead cook (interviewed) works closely with the registered nurses on duty, with resident's dietary profiles and any allergies available to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan expiring 4 July 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one to one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the menu has a dedicated line for culturally appropriate dishes specific to Māori and Pasifika residents.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies were indicated or requested.</p>

coordinate a supported transition of care or support.		
<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>	FA	<p>The building holds a current building warrant of fitness which expires 16 March 2023. The maintenance person works 12 hours a week and as required. There are essential trades available afterhours. There is a maintenance request book for repair and maintenance requests located at the entrance to the kitchen. This is checked daily by the operations manager and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in March 2023. Caregivers interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All outdoor decked areas have seating and shade.</p> <p>The residents share the communal bathrooms/showers within the facility which have signage to show when vacant or occupied. All rooms have hand basins. There are also separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required.</p> <p>The facility has four double rooms; however, all rooms were single occupancy at the time of audit. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit.</p> <p>There are two lounges which include library areas and activity resources. All communal areas are easily accessible for residents with</p>

		<p>mobility aids with ramp access.</p> <p>The service has no current plans to undertake new building construction, however the operations manager confirmed they would engage with Māori representatives to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved should any construction occur in the future.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating.</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 specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures to guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place 10 May 2022. An emergency management plan provides clear instructions for staff and civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available and gas cooking. A hire generator is available from a nearby supplier. There are adequate supplies in the event of a civil defence emergency including a 250-litre water tank and sufficient bottled water storage containers to provide residents and staff with over the required three litres per day for a minimum of three days. A minimum of one person trained in first aid is available at all times.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas (eg, toilets, showers), which are both audible and show on visual display panels located throughout the facility.</p> <p>The building is secure out of hours with a bell to summon assistance</p>

		from staff. Staff perform a security round in the evening to lock the facility internally and externally.
<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>A registered nurse oversees infection control and prevention across the service with support from the operations manager. 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 operations manager, clinical nurse, consultants and infection control audits are conducted. Infection data is presented and discussed at both staff and quality meetings. Infection control is part of the strategic and quality plans. The directors receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and anti-microbial stewardship regularly via the operations manager including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from the local hospital. Staff and contractors complete RAT tests prior to commencing duties.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all staff, and the majority of residents are fully vaccinated against Covid-19.</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>	FA	<p>The designated infection control coordinator is a registered nurse and has been in the role for the last two years. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora which provided a forum for discussion and support related to the Covid response framework for aged residential care services. 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 a Ministry of Health</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>online study package in infection control. There is good external support from the GP, laboratory, and the local hospital infection control nurse specialist. There are outbreak kits readily available and a personal protective equipment cupboard and storeroom. There are supplies of extra PPE equipment as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the operations manager in consultation with an external consultant. Policies are available to staff. Caregivers and nurses ensure that their interactions with patients are safe from the infection prevention standpoint through handwashing and the use of aseptic techniques.</p> <p>There are policies and procedures in place around reusable and single use equipment and items which are closely followed. All shared equipment is appropriately disinfected between use. The service is actively working towards infection prevention and control policies acknowledging the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. The infection control coordinator has input into the procurement of medical supplies. Infection control input into any new buildings or significant changes would involve the infection control coordinator, operations manager, and directors.</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, residents and families were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment</p>
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		competencies. Resident education occurs as part of the daily cares.
<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 anti-microbial 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 anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality meetings. 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 organisation's 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, quarterly, and annually. Infection control surveillance is discussed at quality meetings. The service is incorporating ethnicity data into surveillance methods. 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 service receives information from the local hospital infection control specialist for any community concerns.</p> <p>There has been one outbreak (Covid) since the last audit in May/June 2022 which was appropriately managed and public health notified.</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</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. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available</p>

<p>within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice area with eye protection available. 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 clean/dirty flow with defined areas and the laundry is operational seven days a week. Caregivers perform laundry duties with assistance from other staff as their duties allow. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The care staff interviewed were knowledgeable around the systems and processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The services restraint minimisation policies and procedures include definitions and processes of restraint. Kolmar Lodge led by the operations manager, assistant, manager, and clinical coordinator are committed to providing services to residents without use of restraint. The use of restraint (if any) would follow the incident reporting policy and procedures and would be reported in the two-monthly director/senior staff meetings. The directors are committed to supporting the management team on eliminating any restraint use. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. There are no restraints used in the facility. Staff training is in place around restraint minimisations, and analysis and management of challenging behaviours. The operations manager (restraint coordinator) interviewed described the focus on maintaining a restraint-free environment. Restraint minimisation training is included in orientation of all staff and included as part of the annual mandatory training plan for 2022.</p>

Specific results for criterion where corrective actions are required

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

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

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

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.