

# Wimbledon Care Limited - San Michele Home & Hospital

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## Introduction

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

The audit has been conducted by The DAA Group Limited, 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:** Wimbledon Care Limited

**Premises audited:** San Michele Home & Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 30 August 2022 End date: 31 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:** 23

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

San Michele is owned and operated by Wimbledon Care Limited and provides rest home and hospital services within care suites for up to 29 residents. A provisional audit was undertaken in September 2021 and the present owners took over on the 28 October 2021.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and a general practitioner.

Strengths of the service are its staff and management dedication to their residents.

Improvements are required to complaint management; quality/management meetings; human resource management; employment practices; orientation, training and appraisals processes; care planning; medication management; the environment; the infection control programme and laundry processes.

## Ō tatou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The directors are working with external people to support the development of processes to encourage a Māori and Pacific peoples world view of health in service delivery. Including ensuring Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. There were three residents and two staff who identify as Māori. No residents identified as Pacific people and two staff identified as Cook Islanders.

San Michele Home and Hospital provides an environment that supports residents’ rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates an individualised approach to care. Māori are provided with equitable and effective services. This was confirmed by Māori staff and residents who identified as Māori. San Michele Home and Hospital recognises Mana Motuhake.

Residents of San Michele Home and Hospital receive services in a manner that respects their dignity, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

There are few complaints and these are managed by the owner.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. The business planning details the core values, direction, scope and goals for the organisation. Performance is monitored and reviewed at planned intervals. The owner oversees the management with the assistance of a suitably qualified and experienced clinical manager and an administration manager.

Quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Document control systems ensure organisational information is current and easily accessible to those who require it.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When residents are admitted to San Michele Home and Hospital a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed 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 are transitioned or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The facility is over a hundred years old in some areas and was seen to be clean. There is a current building warrant of fitness. Electrical equipment was being tested during the audit. There are external decks and gardens.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The owner and nurse manager at San Michele Home and Hospital ensure the safety of residents and staff through their commitment to the infection prevention programme. It is adequately resourced with IPC supplies. The nurse manager is the designated infection control nurse and is involved in procurement processes.

A range of infection prevention and control policies and procedures are in place. The owners and infection control nurse have approved the infection control and pandemic plan. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

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

Waste is well managed. There are safe and effective cleaning 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 service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There was one resident using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## 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	20	0	2	7	0	0
Criteria	0	137	0	3	8	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has a Māori Health Plan and a cultural support policy which outlines how they will work collaboratively with Māori and acknowledging the Tiriti o Waitangi. The owner spoke of having friends who support them to develop Māori specific services and acknowledged that this is work that is still in progress to embed Tiriti o Waitangi and aspects of Māori culture into the service.</p> <p>The administration manager and two other staff members identify as Māori. The administration manager spoke of supporting staff and Māori residents in areas related to culture. Staff undertake training related to the Tiriti o Waitangi and understood aspects of mana motuhake.</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>	FA	<p>A Pacific Peoples policy has been developed to support equitable access for Pacific people who may wish to enter the service. This includes working with local pacific organisations including local church groups. The owner stated this is a work in progress and has not been discussed with staff at this stage. There were two staff who identified</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>as Cook Islanders.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents of San Michele Home and Hospital (San Michele) in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English, te reo Māori.</p> <p>San Michele has access to interpreter services and cultural advisors/advocates if required. San Michele recognises Māori Mana Motuhake. Training on consumer rights including consent, dignity, privacy and cultural safety occurred in May 2022 (refer criterion 2.3.2).</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>San Michele supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Four of the 18 hospital rooms at San Michele are three bedded rooms, and two are two bedded rooms, with curtaining between. Auditory privacy is not enabled when cares or discussion is being provided (refer criterion 4.1.2 and 4.1.5). Staff however were observed maintaining privacy where able. Care staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted by the three staff members who identify as Maori. Evidence of Te Tiriti o Waitangi training was not sighted, nor evidence that te reo Māori and</p>

		<p>tikanga Māori was actively promoted throughout the organisation. Staff were responsive to tangata whaikaha needs and enabled their participation in te ao Māori. Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit.</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>	FA	<p>Employment practices at San Michele do not always evidence good employment practices (refer criterion 2.4.1). Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents and family/whānau interviewed denied being subjected to / observed any form of abuse at San Michele. A complaint has been received regarding treatment by a staff member, this is being addressed (refer criterion 1.8.3). Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at San Michele is promoted. The model encompasses an individualised approach that ensures best outcomes for all. There is a Māori health plan, that has been given to staff however, it has yet to be imbedded.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau at San Michele reported that communication was open and effective, and they felt listened to and informed. Information was provided in an easy-to-understand format, in English and some in te reo Māori. There are no Māori health providers in the area to access services from, this continues to be investigated by the service.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at San Michele and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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>PA Moderate</p>	<p>There is a complaints policy which guides the process on how a complaint can be made. It is silent on the need to meet the timeframes of Right 10 of the Code. Residents and whānau are informed of their right to complaint when they enter the service and understood their right to make a complaint and knew how to do so. Staff stated they would support residents and whānau who wished to make a complaint.</p> <p>The owner manages complaints. Three complainants have been received this year, two by staff and one resident. Review of these showed that documentation related to acknowledgment and action was not timely and this is an area for improvement. There is no complaints register being kept. There have been no complaints received from external sources since the previous audit.</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>FA</p>	<p>The governing body are the owners and they assume accountability for delivering a high-quality service. They have owned San Michele since October last year and have another facility close by. Supporting them is a nurse manager who has worked at the facility for 20 years and signed a new agreement last year, which outlines their responsibilities. The clinical manager keeps current by attended</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>pertinent training and conferences.</p> <p>The owner interviewed stated they are working through a process to ensure meaningful inclusion of Māori within governance and are aware of honouring Te Tiriti o Waitangi, with equitable access to services and improving outcomes for Māori and people with disabilities. The organisational structure defines the governance/leadership structure, including for clinical governance, through the nurse manager, that is appropriate to the size and complexity of the organisation</p> <p>There is a Business Plan developed in February that identifies the purpose, core values, and future direction of the organisation, as well as monitoring and reviewing performance quarterly. However, no quarterly review was available during the audit, this was discussed with the owner and due to the pressures over the last year, COVID-19, staff sickness and staff vacancies, this has not been a priority for them. They have taken on the philosophy of the previous owner and demonstrated leadership and commitment to quality and risk management</p> <p>Monthly management meetings occur, with the owner, nurse manager and administration manager, attending. The administration manager takes the minutes, which are in note form.</p> <p>San Michele contracts with the Te Whatu Ora Waikato to provide respite and residential rest home and hospital care services under the age-related residential care agreement (ARRC) and long-term chronic health residential. Accident Compensation Corporation (ACC) contract for residential support and the Ministry of Health for Young Persons with Disability (YPD). Residents receiving rest home care included three funded under ARRC, and one under ACC. Fifteen hospital level care residents were funded under ARRC, one under ACC and one under YPD.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>PA Low</p>	<p>The organisation has a quality manual which describes the overview of how the organisation will operate to provide a quality service. The business plan included a strengths, weaknesses, opportunities, and</p>

<p>are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>threats. (SWOT) analysis to inform the service of the external and internal risks. It lists legislative requirements, and responsibilities of management and staff. Review of quality activities included audit from the annual audit calendar, undertaken monthly, management of incidents and complaints, patient satisfaction survey and policies and procedures. The owner is upgrading policies and procedures in line with this standard and this is work in progress. Audits showed good compliance and corrective actions are put in place when required. Residents contribute to quality improvement occurs through an annual survey. The July survey showed residents (13) were happy with the services being provided. Oversight of the results of these activities come to the management meeting, however the minutes did not have sufficient detail to show this was occurring, nor progress against quality outcomes being evaluated.</p> <p>There was a health and safety risk register which showed risks being identified, rated, mitigated, and reviewed. This is to be done at the health and safety group, which is currently not occurring, no evidence of meeting minutes was available during the audit. No organisational risk register was available, however the owner provided one on day two. This will be reviewed at the managers meetings going forward.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. There were 58 incidents documented so far this year, with falls identified as the most prevalent. Clinical incidents, such as falls, medication errors, skin tears are summarised monthly. A sample of incidents forms reviewed over the year showed that a sample of eight out of 20 did not have all the details fully completed, incidents were investigated and action taken were required and this was sighted in resident's files following falls. Staff meetings show audits and incidents being discussed and corrective actions being taken when required.</p> <p>Review of resident's files showed a high level of care being delivered this included a sample of those who identify as Māori,</p> <p>The owner and nurse manager confirmed knowledge of the sector, regulatory and reporting requirements, an example given was a</p>
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		Section 31 when there was insufficient RNs available.
<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>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The owner spoke of adjustments to staffing levels to meet the changing needs and number of residents. Rosters sighted, eight weeks, showed staff coverage to meet resident's needs. There is no casual staff, to cover sick or other leave. There has been no COVID 19 outbreak in the facility, but staff had been off due to isolation requirements when they or a family member had COVID 19 and this has impacted on rosters. Staff reported they do extra duties when required, one reporting doing two days of 11 hours. The nurse manager is working on the floor four days a week and one day as manager, stating this was, at times, not adequate. The activities person is only doing activities three days a week as they are needed to provide cares the other two. The owner is advertising for RNs, care staff and a maintenance person and stated they would utilise staff from the other facility when required. Residents and whānau interviewed felt well supported by staff. There is at least one staff member on duty with a current first aid certificate and there is 24/7 RN coverage in the hospital. The administration manager, spoke of supporting staff to be a team and their wellbeing. Staff felt supported by the nurse manager and administration manager.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Review of staff attendance at training for this and last year showed that staff have not attended training this year and competencies were not all current. Care staff have completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Of the 17-care staff, three have attained level 2, three have attained level 3 and four have attained level 5. Others were new and enrolled to undertake training or did not wish to take up training options.</p>

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Human resources management policy outlines how the service will meet relevant legislation and briefly outlines the process to be undertaken, not all the elements of good employment practices are covered. A sample of staff records reviewed (eight) did not show that areas of good practice and legislation are currently being undertaken. Records that all new staff have undertaken an orientation were not identified.</p> <p>The owner stated they will review staff performance in September and October, a year after they took over the business.</p> <p>The administration manager keeps a record of health professionals current practising certificates and these were seen to be current.</p> <p>Currently ethnicity data is not recorded for staff, and this will be part of the work the owners are doing to meet the requirement of this standard.</p> <p>Staff records are kept safe and in line with legislation.</p> <p>Although incidents where debrief would be needed are rare, the need to ensure staff are kept up to date with investigations into their complaints needs to occur. (See criterion 1.8.3).</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>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. San Michele is not responsible for National Health Index registration.</p> <p>Residents' files are held securely in the nurse's office and older notes and deceased residents' notes are archived in a locked cabinet by name and date of death. These are kept for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Subsection 3.1: Entry and declining entry</p>	<p>FA</p>	<p>Residents are admitted into San Michelle when they have been assessed and confirmed by the local Needs Assessment and Service</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>		<p>Coordination (NASC) Service, as requiring either hospital or rest home care level of care and have chosen San Michele to provide the services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. San Michele does not collect ethnicity data on entry and decline rates, including specific data for entry and decline rates for Māori. Following the death of a resident, all rooms are blessed.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>San Michele has at the time of audit not developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. When admitted, residents have a choice over who will oversee their medical requirements. Ten general practitioners (GPs) and one nurse practitioner (NP) attend to residents at San Michele.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at San Michele works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Seven residents' files were reviewed. These files included five hospital and two rest home files, including residents who identify as Māori, residents receiving respite care, residents receiving care under an Accident Compensation Commission (ACC) contract, residents under 65 years, residents who self-administer medication, residents with a wound, a resident with a pressure injury, and residents receiving palliative care.</p> <p>Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, GP/NP assessment and initial care plan meet contractual requirements. InterRAI assessments for residents</p>

		<p>receiving long term care under an aged related care contract have been completed in a timely manner. Long term care plans are not consistently reviewed and updated to meet residents' long term and changing needs. Short term problems are not always addressed in a short-term care plan or addressed in a timely manner. These areas require attention.</p> <p>Policies and processes are not in place at San Michele to ensure tāngata waikaha and whānau participate in San Michele's service development, deliver services that give choice and control, and remove barriers that prevent access to information.</p> <p>Residents and whānau confirmed active involvement in care planning, including residents with a disability.</p> <p>Family members/ whanau interviewed were complimentary of the care provided at San Michele and are actively involved in care planning and ongoing discussions. One family member who spent a lot of time at San Michele, said it was a homely place. Meals were always offered if the family member was onsite at mealtimes. Staff were helpful and respectful. Any concerns were addressed promptly. Family was kept well informed of any changes in residents</p> <p>Interviews with the staff, verified their familiarity with all aspects of the care the resident requires. An interview with the GP, also evidenced a high degree of satisfaction with the high-quality care provided by San Michele.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives 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</p>	<p>FA</p>	<p>The activities coordinator at San Michele has only recently been employed and provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life three days a week. An interview with the owner regarding activities only being provided on three days, identified on the other two days this person was required to provide cares due to staffing needs. The plan is for activities to be provided five days. Currently care staff enable activities for residents on those other days. Interviews with residents, family/whānau did not identify</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>lack of activities as an area of concern.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. There are no initiatives in place at San Michele to encourage the workforce to support community initiatives to meet the health needs of Māori and whānau or to facilitate Māori to participate in te ao Māori.</p> <p>Prior to Covid-19 restrictions being in place, several community groups visited San Michele, however this has not occurred during the Covid-19 restrictions. Local entertainers have recently started returning every Friday, in small groups. Visitors are required to be vaccinated and have negative rapid antigen tests (RAT) prior to entering San Michele. The facility uses the company car or local wheelchair wagon to take the residents to appointments or on outings. These however have not occurred in the past few months due to Covid-19 restrictions. Residents interviewed are looking forward to outings in the future.</p> <p>Residents' meetings occur monthly, and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied with the activities provided at San Michele.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</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>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy.</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>Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Controlled drugs are stored safely in a locked cupboard. The required stock checks have been completed. The medication room, with all its supplies is accessible to anyone who can slide open a bolt on the door. All medications are under lock and key. The medication room is cluttered, with several outdated supplies and dressings being stored.</p> <p>There is no evidence that medicines are stored within the recommended temperatures, and this requires attention.</p> <p>There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at San Michele.</p> <p>Self-administration of medication is facilitated, however there is no evidence the resident is safe to do so. This also requires attention.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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</p>	<p>FA</p>	<p>The food service provided at San Michele is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 17 May 2021. Recommendations made at that time have been implemented. The menu does not include menu options that are culturally specific to te ao Māori.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 22 July 2021. Three areas requiring corrective action was identified, and these were signed off by the auditor in the required</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>time. The plan was verified for 12 months. The plan is due for 16 September 2022.</p> <p>The full-time cook has undertaken food safety training however this was 15 years ago and is required to be updated (refer to criterion 2.3.2)</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>Transfer or discharge from San Michele is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The service uses the Te Whatu Ora - Waikato, yellow transfer envelope. The resident and family/whānau interviewed reported being kept well informed during the recent transfer of their relative into San Michele. Family/whānau are advised of their options to access other health and disability services or social support if the need is identified.</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</p>	<p>PA Moderate</p>	<p>A current building warrant of fitness expiring 17 July 2023 which was not on display on day one was found and will be put up near the front entrance.</p>

<p>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>The environment was homely, however there were a number of areas which need repair and maintenance including ramps and decking. There was no planned preventative maintenance programme in place, tag and testing was occurring during day two of the audit. There is a reactive maintenance register, however this did not show areas raised being attended to in a timely manner. The vehicle used for transporting residents had a current warrant of fitness, drivers have to have a current driving license.</p> <p>The aneroid sphygmomanometer had a current biomedical check and the thermometer had been newly purchased. Hot water testing at the tap occurs regularly and was showing suitable temperatures being recorded. However, there was no record of the hot water storage tank temperature being monitored and one was observed to be leaking.</p> <p>Bedrooms are of variable size. The rest home has one two bedded room and the other five rooms are single. The hospital areas have four - three bedded rooms and one two bedded room and eight single bedrooms. All have handbasins. Not all the shared rooms were currently occupied, with one of the three bedded rooms being fully occupied and has limited space for each resident. This is an area for improvement. There were adequate number of toilets and showers, with separate toilets for staff and visitors. There are a range of seating and lounge areas available.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation. Heating is via various methods including gas heaters, and radiators.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Residents and whānau would be consulted and involved in the design of any new buildings, this is part of the work the owners are doing to meet the requirements of this standard.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Emergency policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The last fire drill was held in April this year. There is always at least one staff member with a</p>

<p>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>current first aid certificate on duty. The fire evacuation plan was very old and the owner provided evidence that the New Zealand Fire Service has directed them to complete a new one. There have been no changes to the facility since the last plan was approved. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. However, the emergency water tank has not been maintained. (see criterion 4.1.1.)</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents were familiar with emergency and security arrangements.</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 owner and NM at San Michele are responsible for overseeing and implementing the infection prevention (IP) programme. The NM is the designated infection control nurse (ICN). The IP and AMS programme are linked to the quality improvement programme; however, minutes of the managers meetings have limited information with no corrective actions sighted (refer criterion 2.2.1). The owner who updates policies and NM who has responsibility for the infection control programme have no recent training in infection prevention and control, (see CAR 2.3.2) though both have kept up to date regarding processes around the management of Covid-19. The owner and NM confirmed access to the necessary resources and support if required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	PA Moderate	<p>The owner and NM at San Michele are responsible for overseeing and implementing the infection prevention (IP) programme. The NM is the designated infection control nurse (ICN). The infection control programme has not been reviewed annually.</p> <p>The infection prevention and control policies sighted were incomplete and did not fully reflect the requirements of the standard or current accepted good practice. The policies have been developed by the owner who has no expertise in infection prevention and control. A</p>

<p>navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>pandemic plan and outbreak management plan was sighted. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education.</p> <p>San Michele's processes ensures that reusable and shared equipment is appropriately decontaminated. Single use items are not reused.</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff have been trained accordingly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs. All staff and visitors are RAT tested prior to entering the facility every morning, and masks are worn.</p> <p>There are environmental factors in San Michele that are not consistent with minimising the risk of infection (refer criterion 4.1.2 and 5.5.4).</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>An interview with the owner and NM verifies San Michele is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. However, there is no AMS programme in place and no evidence of consultation with the GP and NP regarding antibiotic prescribing guidelines. There is a record of antibiotic usage, however there is no analysis sighted on the use of antibiotics.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	<p>FA</p>	<p>San Michele undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. San Michele uses standardised surveillance definitions to identify and classify</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated. No evidence was sighted of analysis to identify any trends, possible causative factors and required actions (refer criterion 2.2.1). Results of the surveillance programme are shared with staff. Surveillance data does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There have been no cases of Covid-19 in residents at San Michele.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>PA Moderate</p>	<p>Several environmental aspects at San Michele do not support the prevention of infection and transmission of anti-microbial resistant organisms at San Michele (refer criterion 4.1.1). Suitable PPE is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place.</p> <p>Sluice rooms are available for the disposal of soiled water/waste, however there is no clear lines for clean and dirty flow (refer criterion 4.1.2). Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness.</p> <p>All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to being laundered. Staff were observed to not be carrying out laundering processes in line with best practice standards. This requires attention.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed</p>

		through observation.
<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>	FA	<p>The restraint policy states the service actively promote a restraint free environment and this was confirmed by the owner. At the time of audit one resident was using a restraint. This was used as a last resort when all alternatives have been explored and for the safety of the resident.</p> <p>The nurse manager is the restraint coordinator and the role provides support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and challenging behaviours management.</p> <p>The restraint approval group is part of the RN meeting and they are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau or EPOA are involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>There is a form used for the consent and assessments for the use of restraint, monitoring requirements are documented on the assessment form and evaluation was document six monthly or sooner if required. The file of the resident using restraint confirmed the organisations processes. However, the monitoring was not occurring, see CAR 3.2.5. The documentation included all requirements of the Standard. The processes involve the whānau and GP in the decision was sighted in the consent form. The nurse manager stated access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and each restraint use is reviewed at the RN group meeting. The register contained enough information to provide an auditable record.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I</p>	FA	<p>The nurse manager stated restraint use is continually reviewed at the RN meeting and is on the agenda. This group will review the overall use of restraint at least six monthly which includes all the</p>

<p>can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>requirements of the Standard.</p> <p>The use of restraint is reported to at the monthly management meeting. The nurse manager stated that any changes to policies, guidelines, education and processes are implemented if indicated.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	<p>PA</p> <p>Moderate</p>	<p>The owner oversees all complaints. Three complaints were received this year and no documented evidence was sighted that these are now closed. One complaint has been ongoing for some time. A further serious complaint by a resident (17 August) about their treatment by a staff member is being managed by the nurse manager. No acknowledgement has occurred. Steps have been taken to minimise the risks related to the issue. Investigation of this complaint is not occurring in a timely manner, and there is no documented evidence of actions being taken. The complainants were not being kept aware of the actions related to their complaints</p>	<p>Three complaints have occurred since January, there was no evidence of an acknowledgement, or investigation and action being taken. Complainants are not being kept updated on their complaints progress.</p>	<p>All complainants have a documented acknowledgement of their issue within the timeframe of the Code. All investigations be undertaken in a timely way and documented. Where the investigation is taking over 20 days to complete the complainant be informed of the delay and the reasons for this.</p> <p>30 days</p>

<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	<p>PA Low</p>	<p>The management meetings are occurring monthly and minutes recorded. Review of these showed little detail about the areas being discussed and not all areas of quality were documented. There was no consistency on what was to be covered at the meetings, some areas such as complaint was documented but no detail. There was no documentation that corrective actions such as found at audit, incidents were not being reviewed to ensure completion and analysis and trending of data was not occurring.</p> <p>The owner provided an example of an agenda which could be used going forward.</p>	<p>The managers meeting, attended by the owner is where the data collected would be analysed and trended as a whole. The minutes of the meetings has limited information, with no data from audits being discussed, incidents being reviewed for completion and no corrective actions related to these were sighted in the minutes.</p>	<p>The management meeting be the focus of all quality and risk activity and the minutes detail all discussion on these areas and any corrective action requirements be documented for follow up ongoing.</p> <p>180 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA Low</p>	<p>There is an annual training plan, which includes areas of training provided internally. The record of attendance at these sessions is maintained and showed a drop in attendance this year. The nurse manager stated this is due to staff sickness due to COVID 19 isolation requirements and staff having to cover.</p> <p>The full-time cook has undertaken food safety training over 15 years ago and has not undertaken any updates since then.</p>	<p>There was no evidence that all staff have completed the annual training or have current competencies. The full-time cook has not undertaken training on food safety in the last 15 years, and the nurse manager who has responsibility for infection control has not undertaken training for some time.</p>	<p>The annual training plan be reviewed and additional training occur this year to ensure all staff can undertake appropriate training</p> <p>The full-time cook and nurse manager undertake further training related to their roles, in food safety and infection control.</p> <p>180 days</p>

		The nurse manager has responsibility for infection control and has undertaken some years ago. However, they have not had any infection control training for some time.		
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Moderate</p>	<p>Of the eight files reviewed four related to staff employed under the new provider. There was no evidence of all documentation related to good practice and legislation being present in the staff files.</p> <p>There was no Code of Conduct or confidentiality agreement and these areas were not covered in the signed service agreement.</p> <p>No police checking is occurring; only one file did had an interview record and no reference checking is occurring.</p> <p>One care giver's file reviewed should have had a visa, however this was not sighted in the file.</p>	<p>Staff files reviewed do not contain all relevant information related to good employment practices</p>	<p>All the requirements of good employment practice including legal requirement for police checking be undertaken</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>The organisation has documented orientation processes for new staff, which includes a workbook with competencies to be signed off and the workbook returned to the staff member's personnel file. There has been a number of new staff employed this year and a sample of four new staff files did not have a completed</p>	<p>There was no evidence that all staff have undertaken and had sign off for orientation.</p>	<p>All staff complete their orientation workbook and this be added to their personnel files.</p> <p>90 days</p>

		<p>orientation workbook. The administration manager makes up the workbooks and leaves them in the staff room for new staff to complete. Sign off by the nurse manager is to occur within three months and this has not been consistently occurring. Staff spoken with stated they had received a good orientation and felt well supported to undertake cares on completion of the process.</p>		
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review</p>	<p>PA Moderate</p>	<p>Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration. Where timeframes for the initial assessment are required, GP and NP assessment and initial care plans meet contractual requirements. Long term care plans, however, are not consistently reviewed and updated to meet residents' long term and changing needs. Short term problems are often not recorded on a short-term care plan. Three residents who had falls and subsequent head knock, had an RN assessment at the time, however, only had neurological observations taken for two hours post fall. Recordings of one of these residents did not at the time verify stability. In addition to no ongoing neurological</p>	<p>Residents care plans do not always identify changes to the resident's care during the assessment and ongoing review process to ensure changes are implemented. Where progress is different from expected, changes are not always initiated. Post fall neurological assessments are not managed in line with best practice guidelines. Specialists input had not been sought for a wound that wasn't healing. The appearance of a bruise, and no evidence of a fall, has no nursing review of the resident's medication.  The monitoring of restraint was not occurring as part of the residents file review.</p>	<p>Provide evidence care plans identify changes to the resident's care through the ongoing assessment and review process and ensure changes are implemented. Where progress is different from expected, changes are initiated. Care plans are required to identify strategies to manage residents identified problems and include the nursing strategies required to manage these problems. Specialist input is required to be sought when there is evidence the present management regime is not achieving the desired result. Monitoring of restraint is included in the residents file reviews.</p> <p>60 days</p>

<p>process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>observations, one of these residents has no documentation in their notes to verify RN input until three days post fall.  A resident who has an exacerbation of a chronic medical condition, has no mention on their care plan of the potential for this to occur and strategies to manage these events (this was a documentation issue only, when events occurred, they were managed appropriately).  A resident who is an insulin dependent diabetic has no management strategies documented to monitor blood sugar levels, the treatment regime and the goals or plan for high or low readings (this also was a documentation issue and was being managed appropriately).  An ongoing wound since May 2022, showed no evidence of improvement, and no specialist input has been sought.  A resident noted to have a large bruise has no evidence, in the care plan that bruising is a possible side effect of a medication the resident is on. The required nursing strategies to manage this risk were not documented. Any bruising observed was required to be reported. that the possible cause is being investigated that this is a potential side effect of a medication the resident is receiving, and a review of medication is required (this was being addressed).  Restraint monitoring was not</p>		
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		occurring in the one resident's files who had a restraint in use. This was confirmed by the CM.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage. Controlled drugs are stored safely in a locked cupboard, and medications are stored in a locked trolley.</p> <p>The medication room, with all its supplies is accessible to anyone who can slide back the bolt on the door. The medication room is cluttered, with several outdated supplies and dressings being stored. There is no evidence that medicines are stored within the recommended temperatures. There is a thermometer in the medication fridge that is displaying the required temperature, however the temperature records of the medication fridge, record the temperatures as well above that. The medication room temperature is not monitored.</p> <p>The medication fridge has a build-up of ice and no record of a defrost. A resident who self-administers medication, has no evidence in place</p>	<p>Medications at San Michele are not evidenced to be stored safely. Fridge temperatures for storing medication are not maintained within the required range. This however was being addressed on the day of audit. The medication fridge requires to be defrosted on a regular basis to eliminate ice build-up. The temperature of the medication room is not monitored to ensure the medications are stored within the required range. Residents who self-administer medications have no documentation in place to verify they are safe to do so. The medication room is cluttered with several outdated supplies stored.</p>	<p>Provide evidence that medications are stored within the required temperatures, with fridge and room temperatures monitored to evidence medication are stored within the required temperature ranges. Provide evidence that residents who self-administer medications can do so safely. Remove outdated supplies from the medication room.</p> <p>60 days</p>

		to verify they are safe to do so.		
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>Observation of the environment showed:</p> <p>Many walls, doors, wooden windows surrounds and ceiling were chipped, flaking paint and wall paper peeling off.</p> <p>Different carpets are used throughout the facility and some were seen in need of repair and areas had marks which staff report could not be removed.</p> <p>A resident was being managed in a lounge which met their needs, a call bell was available. However, there was no curtain on the glass lounge doors for privacy.</p> <p>Cupboards were seen as being overcrowded with storage occurring on the floor. The medication room was also seen as being cluttered. There were a number of older equipment sighted, including an old hoist which had recently been replaced and an old mercury sphygmomanometer, no longer in use. There was no safety data sheet for this hazardous substance.</p> <p>Two shower rooms were in need of repair, with chipped surrounds and one was being used for storage and was dirty.</p> <p>The garden was not being</p>	<p>There were a number of areas internal and external which were in need of repair to ensure safety and promote independence.</p> <p>The laundry has a sump/sink which is the run off from sinks in the upper-level sinks and the sink in the laundry this was observed to have stagnant water in the bottom.</p> <p>The dirty utility room and the laundry had no clear clean dirty flow.</p>	<p>An environmental audit be undertaken and a list be drawn up of all area's requirement repair, including areas outlined above and a maintenance plan be developed to address the issues.</p> <p>Equipment no longer in use be removed from the facility to allow for a more storage. Storage as a whole be reviewed to ensure areas are not cluttered.</p> <p>The laundry and dirty utility room flow be reviewed to ensure no cross contamination can occur.</p> <p>The garden, external ramps and decks be maintained to ensure they are fit for purpose.</p> <p>90 days</p>

		<p>maintained. The back garden was on a slope and not suitable for wheelchair residents, other ramps were also observed to be steep and to be cracking and in need of repair. There are a number of external deck areas for residents, however some had moss and mould.</p> <p>The dirty utility room and laundry were cluttered and there was no clear clean dirty flow.</p> <p>The laundry has a sump/sink which is the run off from sinks in the upper-level sinks and the laundry tub, this was observed to have stagnant water in the bottom.</p>		
<p>Criterion 4.1.5</p> <p>There shall be adequate space to allow people to move safely around their personal space and bed area.</p>	PA Low	<p>Four hospital rooms can take three residents and two rooms take two residents. One of the three bedded rooms was fully occupied and it was observed to have limited space between the resident's beds, with no room for an extra chair for visitors. There is no space for residents to bring in their own furnishings, family pictures and other pictures were seen behind the residents' bed. There is limited space for mobility aids and staff would need to move beds to get a hoist to the far resident. Privacy is by a curtain only in these multibed bedrooms. The nurse manager stated that they inform the prospective resident that they will</p>	<p>There are two three bedded hospital rooms with limited space for residents to mobilise safely around the room. The space was limited with the door at one end, staff had to move beds to get the hoist to the third resident.</p>	<p>The space available for residents in the three bedded room be reassessed to; ensure privacy and adequate space for residents with mobility aids to move around freely and the use of a hoist be possible without moving beds.</p> <p>90 days</p>

		have to share a bedroom.		
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	<p>PA Moderate</p>	<p>The infection prevention and control policies sighted were incomplete and did not fully reflect the requirements of the standard or current accepted good practice. The policies have been developed by the owner who has no expertise in infection prevention and control. There is no policy on the use of antimicrobials. Observed laundering processes were not consistent with best practice standard.</p>	<p>There is no clearly defined infection prevention programme that is developed by those with infection prevention expertise, and reviewed annually</p>	<p>Provided evidence there is an infection control programme in place, that is developed with infection prevention expertise, and is reviewed annually.</p> <p>90 days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and</p>	<p>PA Moderate</p>	<p>All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to being laundered. Residents and family/whānau reported that the laundry was managed well</p> <p>Observed laundering processes however are not in line with best practice standard. Laundry is collected upstairs in line bags or skips for transfer downstairs to the laundry. Dirty bed linen, however, was often sighted on the floor of the bedrooms prior to being placed in a</p>	<p>There is no clear line for the handling of dirty and clean laundry. The laundry process sighted does not minimise the potential for infection and meet best practice guidelines.</p>	<p>Provide evidence processes are in place to ensure safe and effective laundering services are provided.</p> <p>90 days</p>

<p>storage of clean and dirty laundry;  (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>		<p>skip. The linen bags are collected and carried downstairs to the laundry, by the cleaner/laundry person. Once bags got to the laundry they were sorted, however dirty laundry was sorted on the floor. Once sorted it was put into the washing machines. The cleaner collecting or sorting the laundry did not wear a protective apron, when dealing with dirty laundry, however, did wear gloves. Processes observed and environmental factors did not support a process that supports a clear separation between handling and storage of clean and dirty laundry.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.