

Pacific Haven (2015) Limited - Pacific Haven Residential Care

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:	Pacific Haven Residential Care (2015) Limited
Premises audited:	Pacific Haven Residential Care
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 31 August 2022 End date: 1 September 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:	30

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

Pacific Haven is certified to provide rest home level of care for up to 30 residents. There were 30 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contract 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; and interviews with residents, family, management, staff, and a general practitioner.

The facility manager, operations manager, and clinical nurse manager are appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and family was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

Three shortfalls were identified in relation to communication, progress notes, and the environment.

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.

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

Pacific Haven provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. Managers and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. No complaints were lodged in 2021 or in 2022 (year-to-date).

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 2022 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data

were documented as taking place as scheduled, with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

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

Medication policies reflect legislative requirements and guidelines. The registered nurse, enrolled nurse and senior healthcare assistants are responsible for administration of medicines and complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activity programme includes resident-led activities and meets the needs of individual residents. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident bedrooms were personalised with access to an adequate number of communal shower/toilet facilities. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security lights and cameras are installed internally and externally throughout the facility.

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.

A suite of infection control policies and procedures are documented and in place to minimise the risk of infection to consumers, service providers and visitors. The pandemic plan has been developed in partnership with the district health board. The infection control programme is appropriate for the size and complexity of the service and provides information and resources to inform service providers.

The infection control coordinator is the clinical manager who is the only registered nurse in the facility. The infection control coordinator has support from enrolled nurse and senior caregivers. The infection control team have access to a range of resources including the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking within the electronic system occurs. Staff are informed about infection control practices through meetings, and education sessions

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There have been Covid exposure events, and these have been well managed. There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical nurse manager. There were no residents using restraint at the time of the audit. Maintaining a restraint-free environment is included in 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	24	0	2	1	0	0
Criteria	0	159	0	2	1	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 associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Pacific Haven acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. They are committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through staff and their whanau.</p> <p>The service had no residents who identified as Māori at the time of the audit.</p> <p>Cultural advice is available. The director has developed close links with a local kaumatua. Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Staff’s cultural expertise is</p>

		<p>monitored through cultural competency assessments. A kaumatua will be visiting the facility later in the month to provide staff with (a second) in-service on Māori tikanga principals and the Treaty of Waitangi.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with five residents and one family. The clinical nurse manager (CNM)/registered nurse (RN), and one caregiver interviewed described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. Key goals have been identified through the Pacific Aotearoa Lalang: thriving Pacific languages, culture, and identities; prosperous Pasifika communities; resilient and healthy Pasifika; and confident, thriving, and resilient Pasifika young people. The service recognises to achieve optimal outcomes for Pasifika, pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pacific culture. The Pacific health plan has had input from a Samoan Methodist Minister and a Pasifika RN.</p> <p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Family members of Pasifika residents will be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The operations manager described how they encourage and support any staff that identifies as Pasifika beginning during the interview process. There were no staff</p>

		<p>that identified as Pasifika at the time of the audit.</p> <p>Interviews with one facility manager/owner, the operations manager, the CNM and three staff (one caregiver, one cook, and one cleaner/laundry) confirmed the service puts people using the services and the local community at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The operations manager, or CNM discuss aspects of the Code with residents and their family on admission. Residents (or their enduring power of attorney (EPOA)) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
Subsection 1.4: I am treated with respect	FA	Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have

<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>choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents also have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey (2021) results confirm that residents are treated with respect. This was also confirmed during interviews with residents and family.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Sexuality and intimacy are addressed in the resident's care plan and is provided as an annual (mandatory) in-service.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents 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>Six residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage is evident and promoted.</p> <p>Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & 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</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Pacific Haven policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and the celebration of cultural days acknowledge cultural diversity. A code of conduct is discussed with staff during their induction to the service and addresses the service's zero tolerance to harassment,</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>racism, and bullying.</p> <p>Staff are educated on how to value the older person, showing them respect and dignity. All residents and family interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the CNM and caregivers confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>PA Low</p>	<p>Information is provided to residents/family on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. One family interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was unable to be evidenced on accident incident forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope</p>

		<p>of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to the range of services available. Health professionals involved with the residents may include specialist services (eg, geriatric nurse specialist, mental health team). The CNM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Six resident files reviewed included admission agreements with informed consent sections for photos, release of information and transport of residents signed by either the resident or powers of attorney/welfare guardians. Consent forms for covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance care planning and resuscitation 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) were in resident files where available. Certificates of mental incapacity signed by the GP were also on file where appropriate.</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</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The operations manager is responsible for maintaining the (electronic) complaints register. There were no complaints lodged in 2021 or 2022 (year-to-date). No external complaints have been lodged since the previous audit.</p> <p>Discussions with residents and family confirmed they are provided</p>

<p>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>with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The operations manager and CNM have an open-door policy and encourage residents and family to discuss any concerns.</p> <p>HDC advocacy brochures are held in the same location as complaint forms. Residents/family making a complaint are supported to involve an independent support person in the complaints process if they choose.</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>Pacific Haven, located in South Brighton, Christchurch, provides rest home level of care for up to 30 residents. On the days of the audit, there were 30 residents. One resident was on a young person with a disability (YPD) contract, six were on a long-term support – chronic health conditions (LTS-CHC) contract, one resident was on respite and one resident was a boarder. The remaining 21 residents were under the age-related residential care contract (ARRC).</p> <p>The facility was purchased in 2015 by two directors. The owners also own one other aged care facility. One director (facility manager) is responsible for building maintenance and the second owner/spouse is an RN with a current practising certificate who covers during the absence of the CNM. They meet with the operations manager and CNM at Pacific Haven on a weekly basis.</p> <p>One owner, operations manager and CNM interviewed confirmed that they have undertaken cultural training and can demonstrate expertise in Te Tiriti, health equity, and cultural safety. The identification of barriers with implemented strategies are identified in the business plan, quality plan and Māori health plan. Collaboration with staff and whanau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care. The owner is able to speak te reo Māori and described their close</p>

		<p>relationship with kaumatua.</p> <p>Quality goals are listed in the business plan 2022 and are regularly reviewed by the owners, operations manager and CNM. Clinical governance is the responsibility of the CNM, enrolled nurse (EN) and relief RN/director. This includes (but is not limited to) the review of clinical risk.</p> <p>The owner/facility manager regularly attends aged care conferences. The management team confirmed that they attend over eight hours of professional development per year relating to their role and responsibilities. Day-to-day operations are the responsibility of the operations manager, who has been in her role for one year, and the CNM who has been in her role at Pacific Haven for three years. The operations manager previously was the administrator and has worked at Pacific Haven for four years. The CNM has worked in aged care for over 18 years.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</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, purchased from an external consultant, are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standards 2021. New policies or changes to policy are communicated to staff and evidenced in meeting minutes.</p> <p>Pacific Haven has implemented quality and risk management systems that are reviewed at defined and regular intervals utilising a health equity and quality lens approach. The identification of potential barriers and strategies to address these barriers are identified. Performance monitoring occurs through internal audits and through the collection and collation of clinical indicator data (eg, falls, skin tears, infections, pressure injuries, bruising). Resident surveys are completed annually. The analyses of data indicate a health equity approach to care of the residents. Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are shared in the weekly meetings with the director and</p>

		<p>in the monthly staff meetings.</p> <p>A health and safety system is being implemented. The director is the health and safety officer until a staff member can be trained for this role. There are regular manual handling training sessions for staff, taught by a physiotherapist. Hazard identification forms and an up-to-date hazard register are in place. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in the monthly staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Staff well-being programmes include offering employees counselling services, maintaining an 'open-door' relationship with managers, and celebrating holidays as a group. Staff interviews confirmed that they feel supported by the managers. Staff turnover is reported as low.</p> <p>Staff's cultural competency is assessed to ensure a high-quality service is provided for Māori. Training in relation to Māori and the Treaty of Waitangi, and associated competencies have been implemented and will continue annually.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. This includes (but is not limited to) developing strategies to address the specific needs of individual residents and implementing intentional rounding for residents at risk. Staff handovers include discussions on residents who have had a recent fall.</p> <p>Accident/incident reports are completed for adverse events, evidenced in 11 accident/incident forms reviewed (witnessed and unwitnessed falls, bruising, behaviours, medication error). Incident and accident data is collated monthly and analysed. Each event involving a resident reflects an assessment and follow-up by the CNM although neurological observations were missing for unwitnessed falls and/or suspected injury to the head (link 3.2.4).</p> <p>Discussions with the operations manager and CNM evidenced their</p>
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		<p>awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed to notify HealthCERT in relation to a police investigation for a resident who absconded and a significant medication error. Te Whatu Ora and public health authorities were notified in relation to two outbreaks (one norovirus (March 2022) one Covid (May 2022)).</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>Policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirm that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Use of agency staff has not been necessary. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The operations manager and CNM are available (full time) Monday to Friday. An enrolled nurse (EN) works on the PM shift four days a week and is replaced by a senior caregiver on their days off work. The CNM is available 24/7 for any clinical related issues and the operations manager is available 24/7 for any non-clinical issues. One director/RN provides relief cover in the absence of the CNM.</p> <p>Occupancy at the time of the audit was 30. One long shift (eight hour) and one short shift (0900 – 1530) cover the AM shift, one long shift and one short shift (1400 – 1930) cover the PM shift (note: an EN or a caregiver fulfils the long shift cover), and one caregiver covers the night shift. One caregiver is rostered on the night shift from 2300 – 0700. The night shift caregiver always has an emergency alarm button with them that they carry for external support if required.</p> <p>Job interviews ensure applicants have the necessary skills, attitudes, qualifications, experience, and attributes for the services being delivered. Job descriptions reflect the expected positive behaviours and values, and responsibilities required.</p> <p>There is an annual education and training schedule being</p>

		<p>implemented. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity. In-services in 2022 have been affected by two outbreaks. The training schedule is now back on schedule. Speakers include those with lived experiences. The education and training schedule in 2022 (year to date) and 2021 reflects staff attending mandatory topics (infection prevention and control, documentation, challenging behaviours, sexuality and intimacy, fire drill (six monthly), risk and hazard identification, aging process, cultural safety (including Treaty of Waitangi), restraint minimisation, code of rights, abuse/neglect, first aid, continence management, weight management, medication management, manual handling, pain management, skin/wound management, spirituality and counselling) and completing competencies (eg, first aid, medication, handwashing, personal protective equipment (PPE)).</p> <p>The service invests in the staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and cultural competency assessments.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The operations manager is a Careerforce assessor. Out of a total of 15 caregivers, six have achieved their level three qualification and two their level two qualification. There is a minimum of one first aid trained staff available 24/7.</p> <p>The CNM has completed interRAI training and is provided with external training opportunities.</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</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the operations manager's office. Five staff files reviewed (four caregivers, one CNM) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p>

<p>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 include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals (EN, RN, GP, pharmacy, foot care/RN). All staff undergo annual performance appraisals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Plans are in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained both hard copy and electronically while work is underway to upload data to a recently purchased electronic management system (Health Compliance Healthcare Solutions (HCSL)). Hard copy resident information is stored securely for a minimum of 10 years. Electronic information is backed up using cloud-based technology. All electronic information is individually password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider.</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 during this time. Personal resident information is kept confidential and cannot be viewed by</p>

		other residents or members of the public.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager or operations manager are available to answer any questions regarding the admission process and a waiting list is managed. Advised by the clinical manager and confirmed by resident and family interviews, that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission, which is recorded in residents individual file, and is working towards to complete the analysis of the same for the purposes of identifying entry and decline rates for Māori. The director has developed close links with a local kaumatua who would be available for residents and whānau requiring support.</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</p>	PA Moderate	<p>There are policies in place which guide staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. The care plans on the electronic resident management system and paper form were resident focused, individualised and identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include</p>

<p>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>allied health and external service provider involvement. Caregivers, EN and RN/CM described how the care they deliver is based on the four cornerstones of Māori health model Te Whare Tapa Whā evidenced in the reviewed resident files.</p> <p>Six resident files were reviewed including one LTS CHC, one respite, and one YPD. The clinical manager/registered nurse is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files reviewed. Routine interRAI assessments and long-term care plans had been evaluated in five of five long-term resident files reviewed. The registered nurses interviewed describe working in partnership with the resident and whānau to develop the initial care plan and long-term care plan.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. There is a general practitioner (GP) who visit weekly from local medical centre. On-call cover is also provided. The clinical manager also provides support and advice when needed after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through Te Whatu Ora - Canterbury.</p> <p>The clinical manager described working in partnership with residents and whānau to ensure residents have the opportunity to identify their own pae ora outcomes, and all residents including residents with disabilities are not restricted in accessing information, care and</p>
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		<p>supports they need to achieve their goals and aspirations.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment has been implemented. Behavioural assessments have been utilised where needed. Care plans reflect the required health monitoring interventions for individual residents. Neurological observations have not been completed for unwitnessed falls.</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. Progress notes are written daily by HCAs. The RN entries are completed but not consistent and not as per facility's policy.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or EN initiates a review with a GP. Family contact is recorded on the electronic database and includes family notifications and discussions but there is a lack of consistent evidence to indicate families are informed following an adverse event (link 1.6.2). Wound assessments and wound management plans were reviewed for two residents with wounds (two abrasions). A wound register is maintained.</p>
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<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 are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service has recently employed an activities coordinator who has experience as a carer and is enrolled for diversional therapy training. In the interim, the operations manager is overseeing the activities programme. The overall programme has integrated activities that is appropriate for the cohort of residents. The activities are displayed and include (but not limited to) exercises, media watch, quizzes, walking therapy, bowls, word games, card games, movies, craft sessions and van outings. Seasonal celebrations include, but are not limited to Anzac Day, Easter crafts, Matariki, Waitangi Day, St Patricks day, Father's Day, and Mother's Day. The programme allows for flexibility and resident choice of activity. Many activities are resident led. There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged to maintain links to the community.</p> <p>There is a communal lounge/dining room where group or quieter activities can occur. The needs of younger residents are accommodated. One-on-one activities such as individual walks, chats shopping and hand massage/pampering occur for residents who choose not to attend the group activities. Younger residents are supported to follow individual interests including sports and hobbies. The activities staff document in progress notes at least monthly or more often if applicable. The residents interviewed stated they enjoy attending the activities and enjoy contributing to the programme.</p> <p>A resident diversional therapy profile is completed on admission. Each resident has an individual activity plan which is reviewed six monthly as part of the six-monthly multidisciplinary review. There was evidence of help being given to residents to follow up their individual interests both within and outside the facility.</p> <p>The service receives feedback and suggestions for the programme through one-on-one conversations, monthly resident meetings, and</p>

		<p>resident surveys. The residents and relatives interviewed were happy with the variety of activities provided. Resident satisfaction survey results September 2021 showed 75% satisfaction with activities programme. The service is working towards facilitating opportunities for Māori to participate in te ao Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to 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>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medication audit completed 31 March 2022 showed full compliance. Medications are stored safely in a locked nurse's station. Registered nurse, enrolled nurse and medication competent caregivers complete annual competencies and education. Regular and 'as required' medications are administered from prepacked blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were two residents partly self-medicating their medications on the day of audit. Both had a self-medication assessment in place authorised by the GP (one for inhaler and other one for topical medications) as well as safe and secure storage in their room.</p> <p>The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system. The service</p>

		recognises the opportunity to include traditional healing (Rongoa) is important for the optimising of hauora (health and wellbeing) for each resident.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food services are overseen by two cooks, one is a qualified cook and the other one is booked for training. All meals and baking are prepared and cooked on-site. All food services staff have completed online food safety training. The five-week winter/summer menu is reviewed by a registered dietitian – last conducted May 2021. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. Families are encouraged and supported to provide cultural dishes where required or requested.</p> <p>The kitchen is situated near the dining room. Meals are served directly from the kitchen to residents in the adjacent dining room. On the day of audit, observed dining room – specialised utensils are available for residents.</p> <p>Residents may choose to have meals in their rooms. The food control plan is due to expire 18 April 2023. Daily temperature checks are recorded for freezer, fridge, chiller, and end-cooked foods. All dry goods were date labelled with decanting and expiry dates. Cleaning schedules are documented. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings. Resident satisfaction surveys are completed annually. Last completed September 2021 showed 83.3% resident satisfaction with the quality of meals. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is recorded in the medication</p>

		management system and is graphed. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the six resident files reviewed.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service as evidenced in resident files. The service is proactive around referrals to appropriate health and disability services and supports residents to access social supports and kaupapa Māori agencies as required. For transfer, RN and EN utilise yellow envelope system. The registered nurse (CM) interviewed describe access to the support through either GP or specialist and allied health professionals (evidenced in referrals).</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>The building holds a current warrant of fitness which expires April 2023. The facility is over two levels with the laundry and storage areas downstairs. The operations manager also holds a role of maintenance person at Pacific Haven and spends two hours a week on this role. There is a maintenance request book for repairs and maintenance requests located in the nurse's station. This is checked regularly and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents) completed in November 2021. Resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Medical equipment including, but not limited to, hoists and scales were checked and calibrated in December 2021.</p> <p>Gardeners are contracted to maintain gardens and grounds. There is safe access to several outdoor areas. Seating and shade is provided.</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. There is safe access to all communal areas. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans. Communal areas within the facility include a main dining area and a smaller dining/lounge area. Three lounge areas allow individual and group activities to occur. One lounge has Sky TV available. The two main lounges have seating arranged to maximise the view of the coastline. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents.</p> <p>All rooms are single. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit. Toilet and shower facilities were of an appropriate design to meet the needs of the residents. There were adequate numbers of communal use shower/toilets and hand basins in the facility, but it requires refurbishment and repair. Communal toilet facilities have a system that indicates if it is engaged or vacant. Showers have privacy curtains. Residents confirmed staff respect their privacy while attending to their hygiene cares. The resident rooms are spacious and meet the resident's assessed needs.</p> <p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The heating in each room can be individually controlled. Communal areas have heat pumps. Residents and family interviewed stated the environment was warm and comfortable. The owners are aware of their obligation to include Māori input to any new buildings to ensure the design reflects Māori aspirations and identity.</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>FA</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an</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>emergency.</p> <p>The fire evacuation plan 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 most recent drill taking place on 22 August 2022. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified location and is regularly checked. In the event of a power outage, gas cooking is available. There are adequate supplies in the event of a civil defence emergency including 540 litres of water and food stores for a minimum of three days. A small generator is stored onsite. Emergency management is included in staff orientation and external contractor orientation.</p> <p>There is a first aid trained staff available 24/7. The night staff always carries an emergency alarm with them that is linked directly to the CNM.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity to their current position. Residents and family interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are 14 security cameras located both inside and outside of the facility, signage is in place. The building is secured after hours. Staff complete regular security checks at night.</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>FA</p>	<p>The clinical nurse manager is the infection control coordinator who oversees infection control and prevention across the service with support from all staff. The job description outlines the responsibility of the role. The infection control programme including infection prevention and antimicrobial management, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. All policies, procedures, and the pandemic plan have been updated to include Covid 19 guidelines and precautions, in line</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>		<p>with current Ministry of Health recommendations.</p> <p>Infection control and AMS are linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by an external contractor and the infection control coordinator. Internal infection control audits are conducted. Infection control matters are discussed at all staff meetings (minutes sighted). The infection control coordinator presents graph data and completes a written report which includes possible contributing factors and preventative or corrective measures. Infection control data is benchmarked against best practice quality indicator reference ranges within the electronic resident management system. The infection control programme is linked to the strategic plan and quality programme. The directors are involved in reviewing surveillance data, infection prevention related audits, and AMS on a monthly basis, and are informed immediately if there are any suspected outbreaks.</p> <p>The Māori health plan ensures staff are practicing in a culturally safe manner. The service has access to an infection prevention clinical nurse specialist and a gerontology clinical nurse specialist from Te Whatu Ora Canterbury. The service has worked alongside Te Whatu Ora Canterbury to develop their pandemic plan.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents and staff 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</p>	<p>FA</p>	<p>The designated infection control coordinator is the clinical manager/registered nurse who has been in this role for 3 years. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora Canterbury 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>navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>There are a suite of infection control policies and procedures available to staff including, (but not limited to): outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved by the directors who receive reports around infection control matters. There is external support from the GP and laboratory. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) equipment as required and ordered through the Ministry of Health. The clinical nurse manager has oversight of procurement processes for equipment, devices, and consumables used in the delivery of health care.</p> <p>There are policies and procedures in place around reusable and single use equipment. Hospital-acquired infections are collated along with infection control data. Items required to be sterile are pre-purchased, stored in a clean dry environment and used within the use by date. This includes urinary catheters and catheter packs and wound dressing packs which are used only once then discarded appropriately. Sharps are disposed of appropriately. All shared equipment is appropriately disinfected between use. 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.</p> <p>The service infection control policies acknowledge importance of te reo information around infection control for Māori residents and encourages culturally safe practices acknowledging the spirit of Te Tiriti. The infection control coordinator has input in the procurement of medical supplies. If the owners were planning any building or major refurbishments, the owners confirmed the infection control coordinator would be involved throughout the process. Infection control policies to reflect a partnership with Māori for the protection of culturally safe practice and acknowledge Te Tiriti o Waitangi.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training</p>
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		<p>plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff completed Covid preparedness training Jan 2022. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings and emails. The service is working towards sourcing educational resources in te reo.</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>The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The policy aims to ensure that antimicrobial agents are utilised in a manner that promotes effective treatment, while not encouraging the development of antibiotic resistant bacteria. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication charts, prescriptions, medical notes, as well as the prescribing patterns of medical practitioners.</p> <p>Infection rates are monitored monthly and reported to the quality meeting and the Board. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The policy states “to ensure antimicrobial agents are utilised in a manner that promotes the effective treatment while not encouraging the development of antibiotic resistant bacteria”.</p> <p>The nurses ensure the timely and accurate assessment and reporting of infections and liaise with the GP for appropriate treatment. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the infection control coordinator (CM/RN), GP, the pharmacist, the resident, and their whānau. The GP is responsible for the diagnosis and treatment and the RN is responsible for ensuring the optimal treatment is provided and accurate documentation using the electronic resident management system. Alternative interventions are considered before the use of antimicrobials.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	<p>FA</p>	<p>The aim of the monitoring (surveillance) of infections policy is to minimise the incidence of infections through ongoing monitoring of</p>

<p>(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>		<p>type, frequency and any other relevant or possible contributing factors. Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the electronic database, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Benchmarking occurs through the electronic resident management system. The infection control coordinator completes a written report on possible contributing factors with preventative and corrective measures. Outcomes are discussed at the facility meetings and a report is provided to the directors. Meeting minutes graphs and reports are displayed for staff. Action plans are required for any infection rates of concern. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Internal infection control audits in 2022 showed 100% compliance. The service receives information from Te Whatu Ora Canterbury for any community concerns.</p> <p>There has been a Covid outbreak in May 2022 where a number of staff and residents were affected. The facility followed their pandemic plan. Outbreak reports and debrief meeting minutes sighted. All have been reported to public health, risk management systems were put in place to minimise the exposure to other residents, staff and public. Residents were isolated, an area for doffing and donning was well set up. Meals were delivered in disposable containers and disposable cutlery used. Families were being kept informed by phone or email. Residents and staff completed rapid antigen tests (RAT) daily.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are to be available in the combined sluice/laundry. Personal protective equipment including gloves, aprons and goggles are available for staff throughout facility. The laundry is located downstairs and there is adequate ventilation with</p>

<p>safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>opening windows.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry is completed on-site. Caregivers undertake some laundry duties but there is a designated cleaner/laundry assistant to complete the majority of laundry and cleaning duties. There is a defined dirty to clean flow in the laundry. The laundry is equipped with two washing machines in the dirty area. There is one dryer situated in the clean area/ folding room. The laundry room is combined as a sluice/laundry. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the facility. The laundry assistant/ cleaner interviewed was knowledgeable around infection control practice and management of infectious laundry, including the use of soluble yellow infection bags for residents with Covid-19.</p> <p>The cleaner's trolley is locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley were labelled and in original containers. Chemicals are stored in the lockable cupboard in the cleaning trolley when in use. The laundry assistant/ cleaner interviewed could easily describe processes in line with current best practice.</p> <p>The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings, and surveys. Staff have completed chemical safety training (24 February 2022).</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standards 2021. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, no residents were using a</p>

<p>practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint.</p> <p>The restraint minimisation programme is led by the restraint coordinator (CNM). The service is committed to providing care without the use of restraint. The use of restraint (if any) would be reported in the director and staff meetings.</p> <p>Restraint minimisation is included as part of the training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.6.2</p> <p>My service provider shall communicate with other agencies involved in my care.</p>	PA Low	During the admission process, situations where family are to be notified are documented. Eleven adverse event forms were reviewed. Six of the eleven adverse event forms reviewed failed to indicate that family had been notified.	Six of eleven accident/incident forms failed to indicate family are kept informed following an adverse event.	<p>Ensure that there is documented evidence to confirm open disclosure with applicable parties following an adverse event.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p>	PA Moderate	There is a verbal and written handover between shifts. Progress notes are written daily by HCAs. The registered nurse entries are completed but not consistent and not as per facility's policy	The six resident files reviewed, evidenced inconsistent entries in the progress notes by the registered nurse	<p>Ensure resident records include regular registered nurse input/assessment and evaluation.</p> <p>60 days</p>

<p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(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>Criterion 4.1.6</p> <p>Each person's room shall have at least one external window, providing natural light, and appropriate ventilation and heating.</p>	<p>PA Low</p>	<p>There were adequate numbers of communal use shower/toilets and hand basins in the facility. Communal toilet facilities have a system that indicates if it is engaged or vacant, but it requires repair; however, not all facilities were well maintained, and the walls are not easy to clean. Toilet and shower areas had damaged walls which requires repair and refurbishment. Paint flakes were quite evident and due to poor ventilation system, the steam from the shower traps inside the bathroom area and damages the painted walls, resulting in the walls not being able to be cleaned properly posing a potential infection control risk. Staff interviewed confirmed there is poor ventilation in the shower room.</p>	<p>i). Toilet and shower areas has damaged walls and requires repair and refurbishment.</p> <p>ii). Walls are not able to be cleaned properly posing a potential infection control risk.</p> <p>iii). Staff interviewed confirmed there is poor ventilation in the shower room.</p>	<p>i). – ii). Ensure the walls in the shower and toilet areas are repaired and repainted, and easy to clean.</p> <p>iii). Ensure the ventilation system in shower areas is improved.</p> <p>90 days</p>

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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.