

Leslie Groves Society of St John's (Roslyn) - Leslie Groves Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Leslie Groves Society of St John's (Roslyn)

Premises audited: Leslie Groves Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 August 2022 End date: 17 August 2022

Proposed changes to current services (if any): Total bed numbers have been reduced from 34 beds to 33. Management advised that the Ministry of Health and Te Whatu Ora Southern have been advised.

Total beds occupied across all premises included in the audit on the first day of the audit: 26

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

Leslie Groves Rest Home is overseen by a general manager who also manages sister facility Leslie Groves Home and Hospital. The general manager has been in the role for two years and reports to the Board. The service provides rest home care for up to 33 residents. There were 26 residents on the day of audit.

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

There are robust quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided.

The general manager who is a registered nurse is supported by a clinical manager.

This certification audit identified the service is meeting the intent of the Ngā Paerewa Health and Disability Service Standards 2021.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



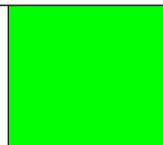
Subsections applicable to this service fully attained.

Leslie Groves Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan, and the service is working towards consolidating links with local iwi. The service is working towards the development of a Pacific health plan.

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

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 general manager and clinical manager are responsible for the day-to-day operations of the facility. The business plan includes a vision, values, strategic themes, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff. Internal audits, meetings, and collation of data that have been completed were well documented with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and in-service training programmes are in place with appropriate skills and knowledge to deliver care. A comprehensive ongoing education plan is implemented. Health and safety is appropriately managed and staff wellbeing is a priority.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Residents are assessed prior to entry to the service. Care plans are individually developed with the resident, and family/whānau involvement is included where appropriate and evaluated six-monthly or more frequently when clinically indicated. Risk assessment tools and monitoring forms are available to effectively assess the level of risk and support required for residents. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff who administer medications have completed annual competencies for medication administration. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

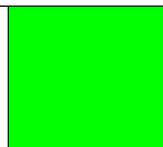
The activity coordinator provides and implements an interesting and varied activity programme which includes resident-led activities and meets the needs of individual residents. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Food services are contracted to a food service company who work from the Leslie Groves Hospital site kitchen and transport meals to the rest home. The menu is designed by a dietitian with summer and winter menus. Dietary requirements are provided where special needs are required.

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

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



Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Reactive and preventative maintenance is carried out. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised. The service has implemented policies and procedures for civil defence and other emergencies and six-monthly fire drills are conducted. 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 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 Te Whatu Ora- Health New Zealand. The infection control programme is appropriate for the size and complexity of the service and provides information and resources to inform service providers. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The clinical manager is the infection control coordinator. The infection control coordinator has support from the registered nurse. The infection control team have access to a range of resources, including from Te Whatu Ora- Health New Zealand. 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 personal protective equipment 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. There are dedicated housekeeping and laundry staff who provide all cleaning and laundry duties. 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.
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The restraint coordinator is the clinical manager. There are no restraints used at Leslie Groves Home. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	152	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. The service currently has no residents or staff who identify as Māori. The service supports employment of Māori staff members when available.</p> <p>Clinical resources in the electronic resident management system include Māori perspectives on frailty in later life, Meihana Model – Improving Māori health through clinical assessment, Māori Action Plan Nursing Council NZ (NCNZ) Responsiveness summary and the Whakamaua Māori Health Action Plan. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>Leslie Groves Rest Home is committed to providing a service that is</p>

		<p>responsive and inviting for Māori. The service is actively seeking to identify and liaise with iwi and Māori organisations to facilitate improved service integration, planning, and support for Māori. A recent initiative involved management approaching local iwi and a marae to liaise with Māori to identify and implement initiatives that support the use of te reo and tikanga into everyday practice. Evidence of attempts to meet with local Marae and Māori representatives was sighted, however, to date there has been no response.</p> <p>Nine staff have completed the online Mauri Ora cultural competency and thirteen staff completed a paper-based cultural competency questionnaire in June 2022. Management is committed to embedding a culture of acceptance through education.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eleven staff interviewed (one registered nurse, one enrolled nurse, five caregivers, one activities coordinator, one kitchen assistant, one cleaner and one maintenance staff) described how care is based on the resident's individual 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>Leslie Groves Rest Home implements a Pacific Peoples Culture and General Ethnicity Awareness policy based on the Ola Manuia Pacific Health and Wellbeing Action Plan that align with the requirements of the Health and Disability Commissioner. Online resources are available to all staff in the document library that includes but is not limited to: Pacific peoples cultural practises and protocols, pacific people's engagement- Yavuz booklet, Pacific people health equity, webinars for Pacific people and cultural safety in aged care and Pacific people and advanced care planning.</p> <p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika. Individual cultural beliefs are documented in all residents' care plans and activities plan.</p> <p>The service is working on developing relationships with the local</p>

		<p>Pacific community. The current external policy consultant is working with a Pacific advisor to document a Pacific health care plan. There are currently staff who identify as Pasifika.</p> <p>Interviews with staff, six residents and two relatives and documentation reviewed, identified that the service puts people using the services, whānau, and communities 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>	<p>FA</p>	<p>Leslie Groves Rest Home policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori. Resident meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff have received education in relation to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff received training from a representative from advocacy services in August 2022.</p> <p>The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful. On interview, management confirmed residents were provided with opportunities to discuss or clarify understanding of their rights.</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>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner.</p> <p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Caregivers and registered nurses interviewed confirmed with examples provided that the things that are important to residents, shape the care and support they receive. Staff are trained around the Code of Rights at orientation and through regular in-services. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview.</p> <p>Leslie Groves Rest Home delivers training that is responsive to the diverse needs of people accessing services and training provided in 2021 included, (but not limited to): sexuality/intimacy, abuse & neglect, advocacy, and cultural safety. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff receive education on tikanga Māori. Waitangi Day, Matariki and Māori language week are celebrated throughout the service. The use of te reo is encouraged throughout all departments of the service.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.</p> <p>During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic care plans identified residents preferred names. During care planning with the</p>
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		<p>resident and their important people, the resident's values and beliefs are discussed and the ways in which Leslie Groves Rest Home can provide support for their spiritual and cultural needs.</p> <p>The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2022 resident survey identified a high level of satisfaction around privacy, dignity, and respect.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in July 2022 confirm that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Leslie Groves Rest Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff have been provided with education on how to identify abuse and neglect in September 2020 and a repeat training session is planned for next month. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The relatives interviewed confirmed that the care provided to their family member is excellent.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. Professional boundaries are</p>

		<p>defined in job descriptions. Interviews with the clinical nurse manager, registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service is working towards Te Whare Tapa Whā (four cornerstone) based holistic model to ensure 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>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings are held, and meeting minutes reviewed identified 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. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak 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 of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice, wound care specialist and Te Whatu Ora specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing</p>

		residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>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 their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The general manager has access to an electronic register for logging records of all complaints, both verbal and written.</p> <p>There was one complaint logged for 2022 year to date, and no complaints for 2021 or 2020. Complaints are documented in the complaints register and includes evidence of investigation, follow up, and replies to the complainant within the timeframes set out by the Health and Disability Commission. The general manager advised that staff and the Board would be informed of complaints (and any subsequent corrective actions) via staff meetings and quality meetings (meeting minutes sighted). The general manager is advised of all complaints.</p> <p>Discussions with residents and relatives confirmed they were provided</p>

		<p>with information on complaints and complaints forms are available in the reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and are chaired by the activity's coordinator. Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. There have been no complaints received from the Health and Disability Commissioner 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>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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Leslie Groves Rest Home is owned and operated by the St John's Parish (Roslyn) Friends of the Aged and Needy Society. The Board meets monthly and provides a governance role. The Board consists of eleven members and includes experience in finance, law, economics, psychiatry, accommodation management, and healthcare. On interview, the chair of the Board discussed cultural education and demonstrated knowledge, commitment and understanding of equity of services for Māori residents. Members of the Board include University faculty and medical staff representatives who have attended Māori and cultural training updates as part of their employment. The Board acknowledges Te Tiriti o Waitangi as the founding document of New Zealand.</p> <p>The service provides care for up to 33 residents at rest home level care. On the day of the audit, there were 26 residents including one respite resident funded by accident compensation corporation (ACC). All other residents were under the age-related residential care (ARRC) contract. The service has a documented vision, values and strategic themes, business plan for 2020 to 2022 and a quality and risk management programme that describes annual goals and objectives. The vision for Leslie Groves Rest Home is to respect, demonstrate and uphold Christian values by providing living options for those who require a compassionate and supportive environment. Core goals for 2022 have been set and include the employment of a full-time chaplain, the appointment of a quality manager, and to continually retain and recruit registered nurses. Quality goals for 2022 have been set by management and include achieving a dementia friendly recognition status and reducing falls and associated injuries.</p>

		<p>A strengths, weakness, opportunities, and threats analysis identify specifics for the service.</p> <p>Goals and objectives for 2022 have been reviewed by the Board of Directors. The 2022 core and quality goals are reviewed at each Board meeting as evidenced in quality/Board meeting minutes reviewed.</p> <p>The general manager is an RN with a current practising certificate and has been in the role for two and a half years and is supported by a clinical manager (RN), registered nurses and care staff. The general manager reports monthly to the Board on a variety of management issues and performance measures. The general manager has completed external cultural training and demonstrates expertise in Te Tiriti, health equity and cultural safety. The chair of the Board advised that the Board is seeking Māori representation by way of a Māori Advisor, who can provide guidance and leadership to the Board with the aim of implementing solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>A quality plan and annual goals are documented and reviewed through the quality process. The business plan and quality and risk management plans are being implemented. Data such as incidents and accidents and internal audits are discussed at meetings and reported monthly to the Board and general manager. The general manager has completed eight hours of professional development related to managing a rest home including attendance at NZACA conference and an online age care management course. The clinical manager and team leader attended a manager's training day in July 2022.</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</p>	<p>FA</p>	<p>Leslie Groves Rest Home has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings, to the general manager and the Board. Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Resident meetings are held monthly. Minutes are maintained. An</p>

<p>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>annual resident and relative survey conducted in July 2022 evidenced positive results and comments relating to the care and services provided at Leslie Groves Rest Home.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is working towards meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff via staff meetings and handovers.</p> <p>All staff have recently completed cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements. Action plans are developed when service shortfalls are identified, and these are monitored by group office. Results are communicated to staff at the monthly staff /quality/health and safety and infection control meetings and reflect actions being implemented and signed off when completed. Communication to staff is enhanced by handovers at each shift change.</p> <p>Health and safety policies are implemented and monitored through the health and safety meetings, staff meetings, quality and infection control meetings, weekly management meetings and through monthly Board meetings. Risk management, hazard control and emergency policies and procedures are in place. A health and safety representative was interviewed about the health and safety programme. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides</p>
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		<p>feedback to the service and staff so that improvements are made.</p> <p>Falls prevention strategies are in place including, (but not limited to): individual and group exercise programme, meeting individual toileting needs, sensor mats, increased monitoring, identification, and meeting of individual needs.</p> <p>All incidents and accidents are recorded electronically, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover. Twelve incident reports for June and July 2022 were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations have been conducted. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications since the last audit in November 2020. Public Health and Te Whatu Ora Southern have been notified of Covid outbreaks.</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>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager, clinical manager, registered nurse, enrolled nurse, activity coordinator and ten of the fourteen caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The clinical manager and unit coordinators from the sister facility provides on-call cover on a four-week rotation. The general manager is available 24/7 for non-clinical matters if required. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p>

		<p>The general manager and clinical manager share the position across sister facility Leslie Groves Hospital and Leslie Groves Rest Home and are available Monday to Friday, including on call when not available on site. The general manager and the clinical manager are based at Leslie Groves Rest Home one day a week. Leslie Groves Hospital (sister facility) is situated less than two kilometres away and staff can move between facilities if required in five minutes.</p> <p>The team leader (RN) at Leslie Groves Rest Home covers RN duties Monday to Friday and is supported by an EN Monday to Thursday.</p> <p>There are three caregivers rostered on the morning shift from 0700-1530. Three caregivers are rostered in the afternoon shift: 1x 1445-2300, and 2x 1430-2300.</p> <p>Two caregivers work nightshift from 2245 to 0715.</p> <p>Other staff include a daily kitchenhand, one cleaner each day and one activities staff provide activities over 32 hours per week Monday to Thursday. Over Fridays and weekends, caregivers provide activities.</p> <p>An education programme is in place for 2022. Education in 2022 has been provided around: moving and handling, infection control including Covid preparation, Covid management, resident rights, advocacy, informed consent, wound care, palliative care, privacy, and safety, preventing abuse and neglect, continence, restraint, medication, fire drill and emergency training and cultural safety. The education programme for 2021 was completed. Training is also available to staff in person and via zoom meetings. The education and training schedule lists all mandatory topics. Staff have been provided with cultural training specific to Māori and the Treaty of Waitangi and nine staff have completed the online Mauriora course. Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora Southern and hospice.</p>
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		<p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of fourteen caregivers, and activities staff, two staff members have level two, three staff have completed their level three qualifications and nine staff have completed their level four qualification.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication, cultural, restraint, hand hygiene, use of personal protective equipment (PPE), fire and emergency training, and moving and handling.</p> <p>The clinical manager, team leader and enrolled nurse are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held at Leslie Groves Hospital in the central administration office in a locked filing cabinet. Five staff files reviewed (two caregivers, one activities coordinator, the team leader (RN), the enrolled nurse) evidenced implementation of the recruitment process, employment contracts, and police checking. There is an appraisal policy. All staff who have been employed for over one year are to have an annual appraisal completed. Completed orientation documentation and up-to-date appraisals were evident in the files reviewed.</p> <p>There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position.</p> <p>A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation</p>

		<p>programmes support RNs and caregivers to provide a culturally safe environment to Māori. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is available.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified on application for employment with plans in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. A crisis team plan and process is in place for management and follow up following a sentinel event. Wellbeing support is provided to staff through an employee assistance programme. Staff wellbeing is recognised through acknowledging individual staff contributions and commitment during the Covid pandemic. High protein snack bars, fluid stations and fruit were provided for staff during the pandemic, and all were encouraged to take regular breaks.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident paper-based files and the information associated with residents and staff are retained in hard copy, and electronically. The service utilises an electronic format for resident information, documentation, and data. Electronic information (eg, policies and procedures, incidents, and accidents) are backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented 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 in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
Subsection 3.1: Entry and declining entry	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs

<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>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 general manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical manager advised the service openly communicates with potential residents and whānau during the admission process; this was confirmed through resident and family interviews. 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 from individual residents, which is evident on individual resident files reviewed. The service is planning to analyse this data for the purposes of identifying entry and decline rates for Māori. The service is working towards developing relationships with local iwi and Māori communities in the area to provide support for any future residents and whānau who identify as Māori.</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</p>	<p>FA</p>	<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 were resident focused, individualised and identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Caregivers, the EN and RN described how the care they deliver is based on the four cornerstones of Māori health model Te Whare Tapa Whā,</p>

<p>whānau to support wellbeing.</p>		<p>evidenced in the reviewed resident files.</p> <p>Six resident files were reviewed including the respite resident funded by ACC. The clinical manager and registered nurse are 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 resident files reviewed 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 six long-term resident files. One resident had not been at the service long enough for an evaluation. 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 resident files reviewed had been assessed by the general practitioner (GP) within five working days of admission. There is a general practitioner (GP) from a local medical centre who visits weekly. The GP provides 24/7 on-call cover. The clinical manager and team leader from sister facility also share on-call after hours for phone support and advice when needed. 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 Southern.</p> <p>The clinical manager and registered nurse describe working in partnership with residents and whānau to ensure residents have the opportunity to identify their own pae ora outcomes. All residents, including residents with disabilities, are not restricted in accessing information, care and supports they need to achieve their goals and</p>
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		<p>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 been routinely 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 and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, EN or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family contact is recorded on the electronic database and includes family notifications and discussions. Wound assessments and wound management plans were reviewed for two residents with wounds (one stage II pressure injury and chronic skin condition). A wound register</p>
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		<p>is maintained.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</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 are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator has worked at the service over a year and works 32 hours per week. The overall programme has integrated activities appropriate for the cohort of residents. The activities are displayed and include (but not limited to), exercises, quizzes, news and views, quoits, housie, mini golf, bowls, happy hour, word games, baking sessions, Māori storytelling, te reo Māori language sessions, knitting and craft, fellowship group and van outings. Seasonal celebrations include, but are not limited to, Anzac Day, Easter crafts and church services, mid-winter, pink ribbon day, Matariki, Waitangi Day, St Patricks day, Father’s Day, and Mother’s Day.</p> <p>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. Residents are supported to achieve activities such as setting and clearing tables, folding towels, and going to the supermarket. There are resources available for staff to use for one-on-one time with the residents and for group activities.</p> <p>One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents enjoy attending the activities and enjoy contributing to the programme.</p> <p>Individual activities plans were documented in resident files reviewed.</p>

		<p>The Māori health care model Te Whare Tapa Whā is utilised in care planning. The service facilitates opportunities for Māori to participate in te ao Māori. A detailed note is documented weekly, and the activities component of the long-term care plan is evaluated six-monthly. Intimacy is encouraged and supported between married couples.</p> <p>The service receives feedback and suggestions for the programme through one-on-one conversations, monthly resident meetings, and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided. Resident satisfaction survey results from October 2021 showed 95% satisfaction with the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to 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 in June 2022 showed full compliance. Medications are stored safely in a locked treatment room. 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 on delivery and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There were no self-medicating residents at the day of audit.</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 noted. 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</p>

		<p>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 recognises the opportunity to include traditional healing (Rongoa) is important for the optimising of Haora (health and wellbeing) for each resident.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A food control plan is in place. There is an external contractor providing the food services for both Leslie Groves sites. The contracted company uses a commercial kitchen at the hospital site (sister facility). A dietary assessment is completed by the RN or EN as part of the assessment process and this includes likes and dislikes. There was evidence of residents receiving supplements. Fridge and freezer temperatures are monitored and recorded daily in the kitchen. Food in the fridge and freezers was covered and dated. The external contractor conducts audits as part of their food safety programme.</p> <p>Food is transported to the rest home via hot boxes. Staff record the temperature of hot and cold dishes prior to serving. On the day of audit, the dining room was observed, and specialised utensils are available for residents. Residents may choose to have meals in their rooms.</p> <p>Kitchen assistant 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. The contractor service is involved in the activities theme months particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested.</p> <p>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</p>

		<p>monthly resident meetings. Resident satisfaction surveys are completed annually. The July 2022 survey showed 100% 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 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>
<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, the yellow envelope system is utilised. The nurses 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</p>	FA	<p>The building holds a current warrant of fitness which expires March 2023. Preventative and reactive maintenance schedules are in place. The maintenance person (interviewed) works between the two facilities and dedicates two days for the rest home facility. There is a maintenance 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 (completed in December 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</p>

<p>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>temperatures. Essential contractors/tradespeople are available 24 hours as required. Medical equipment including, but not limited to, hoists and scales were checked and calibrated in July 2021 and were due in July 2022, but due to Covid outbreak in the facility, this has been rescheduled for September 2022. Health and safety, environment and equipment audit in February 2022 showed full compliance.</p> <p>The maintenance person also maintains gardens and grounds. There is a safe outside area that is easy to access. The exterior has been well maintained with safe paving in the courtyards with outdoor shaded seating. 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. There are three communal areas in the facility; there is a large lounge area which has sliding extensions and can be opened up for large functions or closed to provide privacy when required. Adjacent to the large lounge there is a dining room and the facility also has a smaller lounge area. The dining room is spacious and located directly off the kitchen/servery area. The furnishings and seating are appropriate for residents' needs. Residents interviewed reported they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges.</p> <p>All resident rooms are single rooms with shared ensuites. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets are well signed and identifiable and include vacant/in-use signs. The resident rooms are spacious and meet the resident's assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. The</p>
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		<p>bedrooms were personalised.</p> <p>All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.</p> <p>The Māori health plan states that the service will consult with their local Māori tikanga advisors in relation to ensuring any new building design is appropriate for Māori and that any barriers to access which are related to environment have been factored into building design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and was last held in June 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, and gas cooking. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. The caregivers and registered nurse on duty carry handheld pagers which are connected to the call bell system and fire panel system. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. Call bells</p>

		<p>are tested monthly and the call bell audit in February 2022 showed full compliance as a part of maintenance audit.</p> <p>The building is secure after hours, and staff complete 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>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>FA</p>	<p>The clinical manager is the infection control coordinator who oversees infection control and prevention across the service with support from the registered nurse. 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 with current Ministry of Health recommendations.</p> <p>Infection control is linked into the electronic quality risk and incident reporting system. Internal infection control audits are conducted. The infection control and antimicrobial stewardship (AMS) programme is reviewed annually by an external consultant and the clinical manager. Infection control data is benchmarked against best practice quality indicator reference ranges within the electronic resident management system. The infection control team consisting of the infection control coordinator and team leaders from both Leslie Groves facilities meet monthly to discuss and analyse infection rates. The infection control coordinator presents graph data and completes a written report which includes possible contributing factors and preventative or corrective measures. Infection rates are presented at monthly staff meetings and discussed at quality meetings.</p> <p>Infection control is part of the strategic and quality plans. The governing Board receive reports on progress, quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, and antimicrobial stewardship on a monthly basis including any significant infection events.</p> <p>The service has access to an infection prevention clinical nurse</p>

		<p>specialist and a gerontology clinical nurse specialist from Te Whatu Ora Southern. The service has worked alongside Te Whatu Ora Southern 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 all 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 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>FA</p>	<p>The designated infection control coordinator is the clinical manager who has been in this role for nine months. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora Southern 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>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 Board, who receive reports around infection control matters. There is external support from the GP, laboratory, and support from the clinical coordinator. There are outbreak kits readily available stored in a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) available as required. Additional supplies can be ordered through the Ministry of Health.</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. All equipment used for wound care are single use only. Sharps are disposed of appropriately. All shared equipment</p>

		<p>is appropriately disinfected between use. Internal audits tools have been updated to reflect the 2021 standards in relation to cleaning, the environment and reusable equipment.</p> <p>The service infection control policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents. The Māori representative (once appointed) for the facility is planned to be participating in the annual review of the infection control policies. The infection control coordinator has input in the procurement of medical supplies. If the Board was planning any building or major refurbishments, the general manager confirmed the infection control coordinator would be involved as confirmed during interview with the chair of the Board and the general manager.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Infection control training for staff was completed Jan 2022. 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 Feb 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, newsletters, and emails.</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</p>	FA	<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 prescribing charts, prescriptions, medical notes, as well as the</p>

<p>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>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 registered nurse, infection control coordinator, 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 (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>FA</p>	<p>The aim of the monitoring (surveillance) of infections policy is to minimise the incidence of infections through ongoing monitoring of type, frequency and any other relevant or possible contributing factors.</p> <p>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. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. The infection control team consisting of the infection control coordinator and team leaders from both Leslie Groves facilities meet monthly to discuss and analyse infection rates. The infection control coordinator presents graph data and completes a written report which includes possible contributing factors and preventative or corrective measures. Outcomes are discussed at the infection control team meeting, quality, and staff meetings and a report is sent to the Board. Internal</p>

		<p>infection control audit in June 2022 showed 100% compliance. The service receives information from Te Whatu Ora Southern for any community concerns.</p> <p>There has been a Covid outbreak in July 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, residents were kept in their rooms with designated staff members to complete cares. Meals were delivered in disposable containers and disposable cutlery used. Families were being kept informed by phone or email. Residents and staff perform 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 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 antimicrobialresistant organisms.</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 available in the combined sluice/laundry. Personal protective equipment including gloves, aprons and goggles are available for staff throughout facility. The sluice/laundry is secure with a keypad. There is a locked cleaner's cupboard. 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 laundered off site. There is a separate laundry area at the hospital site where all linen and personal clothing is laundered for both sites. The dirty laundry is collected daily and returned cleaned to the rest home daily. 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 facility satisfaction survey July 2022 reported 100% satisfaction with laundry services.</p> <p>The cleaner's trolley is locked away in the cleaner's cupboard when</p>

		<p>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 cleaner interviewed could easily describe processes in line with current best practice. There is one designated housekeeper.</p> <p>There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule (March 2022). Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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. 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, the facility was restraint free.</p> <p>Staff are required to complete a restraint competency annually and in-service education on restraint includes alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The facility, led by the general manager, is committed to providing services to residents without use of restraint. The Board receives a monthly clinical report which includes the use of restraint. The clinical manager stated the Board is supportive of providing equipment resources to ensure a restraint-free environment. The use of restraint (if any) would be reported in the monthly quality meetings. The clinical manager/restraint coordinator interviewed described the focus on maintaining a restraint-free environment.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.