

Riverleigh Care Limited - Riverleigh Care Ltd

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:	Riverleigh Care Limited
Premises audited:	Riverleigh Care Ltd
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 10 October 2022 End date: 11 October 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	59

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

General overview of the audit

Riverleigh Residential Care, located in Upper Hutt, provides rest home, hospital level care (medical and geriatric) and residential disability services – physical for up to 66 residents. There were 59 residents on the day of audit.

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

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

This audit identified shortfalls around assessment and care plan timeframes and maintenance.

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.

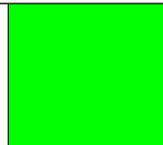
Riverleigh Residential Care provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents and staff at the time of the audit. Cultural assessments inform the cultural care plan. The organisation has a Pacific health plan and cultural policy that encompasses the needs of Pasifika.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of residents and effectively communicating with them about their choices.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities are identified.

A health and safety programme is implemented. Hazards are identified and managed. Incidents are reported on the electronic resident management system.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
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An admission package is available for prospective residents and their families prior to or on entry to the service. Registered nurses are responsible for each stage of service provision, including assessment, planning, and reviewing residents' needs, outcomes, and goals. Resident and/or family/whānau input is evident. Care plans viewed in resident records demonstrated service integration.

The registered nurses and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. Medication policies reflect legislative requirements and guidelines. Medication charts sighted had been reviewed at least three-monthly by the general practitioner.

The activities coordinator and activities assistant provide a varied activity programme. The programme includes community visitors, outings, entertainment, and activities that meet the individual recreational, physical, cultural, and cognitive abilities and preferences for residents.

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

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

<p>Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are communal shower rooms with privacy signs. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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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. The infection control programme is appropriate for the size and complexity of the service and provides information and resources to inform service providers.

The infection control coordinator is supported by the other registered nurses. 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. There has been one outbreak since the previous audit which was managed, documented, and reported appropriately.

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 a registered nurse. There were two restraints (bed rails) in use at the time of the audit. 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 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	2	0	0	0
Criteria	0	170	0	2	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>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. This was evidenced during interviews with three family (one rest home, two hospital).</p> <p>During the audit, there were residents who identified as Māori living at the facility. Interviews confirmed details of cultural assessments which linked to care plans. Whānau and the residents had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>Linkages are in place with local Māori community organisations – including the local Nga Rauvu Kokivi Marae, and the service embeds Tikanga Māori in the everyday culture of the facility. The facility manager confirmed that the service supports a Māori workforce with staff identifying as Māori at the time of the audit. Māori staff interviewed stated that they speak te reo Māori to residents who are</p>

		<p>able to understand. The service has staff who are currently bilingual in English and te reo Māori.</p> <p>The facility manager, clinical manager and six care staff interviewed (three caregivers, two registered nurses and one activities coordinator) were able to describe 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>	FA	<p>The organisation has a Pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>There were Pasifika residents and staff on the day of the audit, and the service maintains links with various local Pasifika churches who visit and provide cultural support for Pasifika residents.</p> <p>On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented. The service captures and collates ethnicity data. The resident whānau will be encouraged to be present during the admission process including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>When new staff are recruited the owner/manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pasifika community. There were a number of staff members (including management) that identified as Pasifika at the time of the audit.</p> <p>Interviews with eight staff (six care staff, the cook and the cleaner), four residents (one rest home and three hospital), relatives and documentation reviewed identified that the service uses a person-centred approach for people using the services, and family/whānau as the guiding ethos of their service.</p>
Subsection 1.3: My rights during service delivery	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the

<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>Code are included in the information that is provided to new residents and their relatives. The clinical manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the three-monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Code of Rights education last took place in January of this year. Staff complete a competency assessment on the Code of Rights and privacy requirements. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake through its Māori health plan and staff could describe how they would fully support the values and beliefs of any Māori residents and whānau utilising the service.</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</p>	<p>FA</p>	<p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided. Residents, families, caregivers, and activities staff interviewed confirmed the support available regarding freedom of choice. The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service puts out resident and whānau satisfaction surveys annually (sighted), and the results of these confirmed that residents and families are treated with respect. This</p>

<p>experiences.</p>		<p>was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote te reo Māori, tikanga Māori and attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</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. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Riverleigh are expected to uphold. The policies are designed to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, cultural days and cultural competencies are completed to celebrate diversity. 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. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service liaises with families who manage residents' comfort funds.</p>

		<p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There is short term, and long-term objectives in the Riverleigh Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities. For example, the service's commitment to not charge premium charges on an individual needs basis.</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. Annual resident surveys and monthly meetings identify feedback from residents and consequent follow up by the service. The service also keeps residents up to date through frequent memos and notices.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed, and this was confirmed through the interviews with relatives.</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 and Te Whatu Ora specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language</p>

		therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The facility manager described an implemented process around providing residents with an unrushed environment which facilitated 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. Eight resident files reviewed included informed consent forms 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 directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using an electronic complaints register. This is shared with the owner during their weekly informal meetings. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been two complaints to date in 2022, and seven in 2021. The complaints in 2021 were made by confused residents, well known to the local Te Whatu Ora and advocacy service. Despite this, all</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>complaints were handled respectfully, included an investigation, follow up, and replies to the complainant. All complaints had been fully resolved to the satisfaction of the complainants. There were two external complaints (HDC and Te Whatu Ora), both of which have been closed with no actions required on the part of the facility.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff/quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, and both the facility manager and clinical manager have an open-door policy. The owner visits regularly, is visible and well-known to staff and residents. Residents/relatives making a complaint can involve an independent support person/advocate in the process if they choose to do so.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Riverleigh Residential Care, located in Upper Hutt, provides rest home, hospital level care (medical and geriatric) and residential disability – physical for up to 68 residents. There were 59 residents on the day of audit: 23 rest home residents including one resident on a long-term support chronic health contract (LTS-CHC), 31 hospital level residents including one on an LTS-CHC and five younger people with a disability (one rest home and four hospital level of care). All other residents were on the age-related residential care agreement (ARRC). All beds are certified as dual purpose. There are eight double/ shared rooms.</p> <p>The owner is the governing body for Riverleigh Care Limited trading as Riverleigh Residential Care. The owner and manager were able to describe the company quality goals, organisation philosophy and strategic plan which reflect a person/family centred approach to all services. There is a 2022 business plan that outlines objectives for the period. Objectives are signed off when fully attained.</p> <p>The service is managed by the facility manager with the support of an</p>

		<p>experienced clinical manager (RN). The facility manager has managed the facility for seven years and the clinical manager has been in her role for the past four years. Both managers have extensive experience in elderly care management within New Zealand.</p> <p>The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the service.</p> <p>Both managers have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural and Te Tiriti training, including the completion of a competency questionnaire, Te Whatu Ora, and gerontology meetings/training. The owner is planning to undertake training around Te Tiriti and cultural safety.</p> <p>The facility manager consults with mana whenua (via staff members) in business planning, organisational policy, and service development to improve outcomes and achieve equity for Māori, and to identify and address barriers for Māori for equitable service delivery. This consultation also assists the organisation to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>Residents receiving services and whānau are supported to participate in the planning, implementation, monitoring, and evaluation of service delivery through surveys, meetings, and an open-door management policy.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	<p>FA</p>	<p>Riverleigh has an established quality and risk management programme provided by an external consultant who is well-known and respected within the industry. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected with evidence of data shared in staff meetings.</p>

<p>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>Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed annually. Surveys completed reflect high levels of resident/family satisfaction with evidence of corrective actions being carried out where required. These included the lounge and main dining room being refreshed to make them more inviting; monthly monitoring of call bell times; and reminders of how to raise concerns/location of complaints forms following survey feedback in these areas.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>The management assess staff cultural competency to ensure a high-quality service is provided for Māori. The facility manager also ensures critical analysis of practice is undertaken in order to improve health equity, including benchmarking provided by an external aged care consultant.</p> <p>A health and safety system is being implemented with the service having three health and safety representatives. Hazard identification notifications and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented. Health and safety training begins at orientation and continues annually.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available to visit twice-weekly. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. The service has commenced an exercise-based falls reduction initiative, in conjunction with the physiotherapist. Transfer plans are documented, evaluated,</p>
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		<p>and updated when changes occur. The registered nurses evaluate interventions for individual residents. Each incident/accident is documented electronically. Twelve accident/incident forms reviewed for October and September 2022 (witnessed and unwitnessed falls, skin tears) indicated that the forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. Neurological observations are recorded for unwitnessed falls; however, these did not follow the timeframes detailed in policy (link 3.2.4).</p> <p>Discussions with the facility manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT around issues relating to registered nurse shortages. There had been two previous outbreaks documented since the last audit (Covid-19), which were appropriately notified, managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a number of 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 their workload is manageable, and the staff works together as a team should any staff member call in as unavailable. Vacant shifts are covered by available caregivers, nurses and management if required (the management have not been required to cover shifts recently). Out of hours on-call cover is shared between the clinical manager and facility manager. The senior registered nurse performs the clinical manager's role in her absence.</p> <p>At the time of the audit, the service had three registered nurse vacancies and was actively recruiting. All caregivers work across rest home and hospital level, with all rooms being certified for dual</p>

		<p>purpose.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes.</p> <p>Kiwi wing - ground floor has 31 beds (one room is dedicated to OPMH/Respite), 25 beds were occupied; eight rest home including one LTS-CHC and 19 hospital residents including two YPD.</p> <p>Tui wing - first floor has 37 beds, 31 were occupied: 16 rest home residents including one YPD and 16 hospital level residents including two YPD and one LTS-CHC.</p> <p>The clinical manager (RN) and facility manager (RN) are available Monday to Friday.</p> <p>The roster is developed as follows:</p> <p>There is a registered nurse on each shift plus a senior caregiver (medication competent) on the morning and afternoon shifts.</p> <p>The morning shift has four caregivers rostered: 2x 07.00-15.00, and 2x 07.00-13.00 on each floor.</p> <p>The afternoon has four caregivers rostered: 2x 15.00-23.00, and 2x 16.00-20.00 on each floor.</p> <p>Nightshift is covered by two caregivers from 23.00-07.00.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training last took place in August of this year, which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. Staff are also required to complete a competency questionnaire following the training in order to cement their</p>
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		<p>understanding of Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through Te Whatu Ora, and hospice.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-five caregivers are employed. The Riverleigh orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Four caregivers have achieved a level 4 NZQA qualification, fifteen level 3, and two level 2. The remainder are in progress for level two.</p> <p>All staff are required to completed competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent), abuse and neglect, moving and handling, Code of Rights and privacy. A record of completion is maintained.</p> <p>Additional RN specific competencies include syringe driver, and interRAI assessment competency. Four RNs (including the facility and clinical manager) are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant staff/quality and clinical meetings when possible.</p> <p>The service encourages all their staff to attend meetings (eg, staff/quality meetings). Resident/family meetings are held monthly and provide opportunities to share information to include results from satisfaction surveys, and corrective actions being implemented. This is a forum for residents to voice any concerns, compliments or suggestions and are held in addition to private discussions regarding resident care. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and</p>
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		<p>personal protective equipment (PPE) training. Staff wellness is encouraged through participation in health and wellbeing activities.</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 securely stored. Eight staff files reviewed (one clinical manager, one RN, three caregivers, two kitchen hands and one cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified during the employment process and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format (medication). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, 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>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Eight 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 coordinator or facility manager are available to answer any questions regarding the admission process and a waiting list is managed. The clinical coordinator advised that the service openly communicates with potential residents and whānau during the admission process, this</p>

		<p>was confirmed during resident and family interviews.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents as sighted in resident files. However, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The service has meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</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 and registered nurses (RNs) described how the care they deliver is based on the four cornerstones of Māori health model Te Whare Tapa Whā, evidenced in the reviewed resident files. For end-of-life care, the RN use the Te Ara Whakapiri tool.</p> <p>Eight resident files were reviewed: three rest home level of care including one YPD, and five hospital level of care including one LTS-CHC, and one YPD. The registered nurse is responsible for conducting all assessments and the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI assessments had been developed within the required timeframes in all files reviewed.</p>

		<p>Routine interRAI assessments and long-term care plans had not been evaluated in seven of eight 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 residents had been assessed by the general practitioner (GP) within five working days of admission. There is a general practitioner (GP) who visit weekly from the local medical centre. On-call cover is also provided. The clinical coordinator and facility manager share the on-call roster to provide support and advice when needed after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through Te Whatu Ora Capital & Coast.</p> <p>The clinical coordinator describes working in partnership with residents and whānau to ensure residents can identify their own pae ora outcomes, and all residents including residents with disabilities are not restricted in accessing information, care and supports they need to achieve their goals and aspirations.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</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</p>
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		<p>required health monitoring interventions for individual residents. Neurological observations have not been completed for unwitnessed falls.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers. The RN entries are completed and are consistent, as per facility's policy.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical coordinator or RN initiates a review with a GP. Family contact is recorded on the electronic database and includes family notifications and discussions. There is evidence to indicate families are informed following an adverse event. Wound assessments and wound management plans were reviewed for five residents with wounds (skin tear and chronic skin condition). A wound register is maintained.</p> <p>Caregivers and the registered nurse 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 service employs three activities coordinators who provide activities Monday to Friday. Out of three activities coordinators only one works full time. During weekends caregivers provide some activities. The overall programme has integrated activities that is appropriate for the cohort of residents. All residents receive a copy of a monthly activities calendar and are regularly reminded by activities coordinators.</p> <p>The activities programme includes (but are not limited to) news and views, skittles, indoor walking, board games, cards, puzzles, housie and happy hour. The activity plan includes a visit by the Mr Whippy van, and canine friends. Regular outings into the community occur, a taxi van is used, and the driver has a current first aid certificate. The</p>

		<p>programme allows for flexibility and resident choice of activity. Many activities are resident led. There are plentiful resources. Community visitors include entertainers and weekly church service.</p> <p>There are two activities rooms on each level. Upstairs, the activities room has board games and books to read whereas downstairs activities room is more about sensory experience (has diffuser with different essential oils, there is a budgie at the facility and a fish tank). One-on-one activities occur for residents who choose not to be involved in group activities. Themes and events are celebrated.</p> <p>The needs of younger residents are documented and addressed on a one-to-one basis, with involvement in physical activities including bowls, quoits, and skittles. Younger residents are supported to follow individual interests including sports and hobbies. Shopping trips are also arranged by the activity's coordinators. There is a separate meeting once a month only for under 65 residents to discuss the activities programme.</p> <p>The service has linkage with local Māori community. Residents celebrated Māori language week in September 2022 and also has Rakau sessions (Māori stick game).</p> <p>An activities assessment is completed on admission. Individual activity plans were seen in long-term resident files. The service receives feedback and suggestions for the programme through monthly resident meetings and direct feedback from residents and families. Residents interviewed spoke positively about 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>	FA	<p>Policies and procedures are in place for safe medicine management that meet legislative requirements and guidelines. Registered nurses and a medication competent caregivers administer medications. They are assessed for competency on an annual basis and attend annual medication education. All medication is checked on delivery against the medication chart. Medications are stored safely. The medication fridge is maintained within the acceptable temperature range. All eye drops, and ointments were dated on opening. There was one resident</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>self-medicating on the day of audit. A self-medication assessment was in place, this was authorised by the GP. Medications were stored securely in the resident's room.</p> <p>Sixteen electronic medication charts reviewed met legislative requirements. Medications had been signed as administered in line with prescription charts. Appropriate practice was demonstrated on the witnessed medication round. The clinical coordinator demonstrated evidence of regular audits undertaken to ensure that registered nurses document the effectiveness of 'as needed' medication. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system. The service 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>All meals are prepared and cooked on site at Riverleigh Residential Care. The food control plan expires on 25 September 2023. The chef is responsible for the operations of food services. The kitchen team includes a cook and four kitchenhands. All kitchen staff have completed food safety training.</p> <p>There is a four-weekly rotating summer and winter menu that has been approved by a dietitian. A food services policies and procedures manual are in place. There is one dining room for the facility. All food is served directly from the kitchen to residents in the dining room or to their rooms as required. A tray service is available if required by residents.</p>

		<p>All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. The chef maintains a folder of resident's dietary requirements that include likes/dislikes. Alternative choices are offered. The chef is informed of dietary changes and any residents with weight loss. Dietary needs are met including normal, pureed meals and finger foods. Specialised utensils and lip plates are available as required.</p> <p>The chef attends resident meetings and at the meetings residents express their feedback on meals and food services. Residents and relatives interviewed confirmed likes/dislikes are accommodated and alternative choices offered.</p> <p>All fridges and freezer temperatures are recorded daily on the recording sheet sighted. Daily hot food temperatures are taken and recorded for each meal. Holding temperatures are taken. Fridge and freezer temperatures are recorded. Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen has a dishwashing area, preparation, cooking, baking and storage areas. 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.</p> <p>Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. Families are encouraged and supported to provide cultural dishes where required or requested. The cook 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>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>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service as evidenced in resident files. The</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>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, RNs utilise yellow envelope system. The clinical coordinator interviewed describe access to support through either GP or specialist and allied health professionals (evidenced in referrals).</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building has a current building warrant of fitness that expires 24 September 2023. The maintenance person undertakes preventative and reactive maintenance. The annual maintenance plan includes monthly checks for hot water temperatures, call bells, resident equipment, and safety checks. Daily maintenance requests are addressed. Electrical equipment has been tested and tagged. Clinical equipment has been calibrated and/or serviced. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs, as identified in the care plans. Contractors are available after hours as required. Gardeners are contracted to maintain gardens and grounds.</p> <p>The service is on two levels. There are 35 resident rooms upstairs and 31 rooms downstairs. There was evidence that recent renovations had been undertaken throughout the facility. There were seven double rooms, and all had single occupancy on the day of the audit. There is a lift between floors which is large enough to accommodate an ambulance stretcher. The lift has an inspection undertaken monthly.</p> <p>There is to safe access to several outdoor areas. Seating and shade are provided. 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 indoors. Communal areas within the facility include a main dining area, library lounge and activities room (upstairs and downstairs). The activities rooms allow individual and group activities to occur. Activities rooms on both levels have Sky TV available. All</p>

		<p>furniture is safe and suitable for the residents. There is storage space for mobility scooters and wheelchairs.</p> <p>There is adequate room for residents to safely manoeuvre using mobility aids. Appropriately secured and approved handrails are provided, and other equipment is available to promote resident's independence. Residents and families are encouraged to personalise their rooms as viewed on the day of audit. Toilet and shower facilities were of an appropriate design to meet the needs of the residents. There are a mix of resident bedrooms with ensuite facilities and shared toilets and bathrooms. There are adequate numbers of shared toilets and showers throughout the facility. All bedrooms have a hand basin.</p> <p>All resident rooms and communal rooms have external windows allowing adequate natural light. Windows can be opened safely to allow adequate ventilation. The facility is heated and kept at a comfortable temperature. Residents and relatives interviewed confirmed the environment and the bedrooms are warm and comfortable.</p> <p>The laundry room has damaged ceiling and requires replacing.</p> <p>The facility manager and owner are aware of their obligation to include Māori input to any new buildings to ensure the design reflects Māori aspirations and identity.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>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</p>	<p>FA</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the most recent drill taking place on 28 June 2022. There are emergency management</p>

<p>event.</p>		<p>plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are readily available on each floor with civil defence equipment readily available. The service meets the stored water requirements (671 litres) and has sufficient food stored on site with barbeques and gas bottles for alternative cooking. Emergency management is included in staff orientation and external contractor orientation.</p> <p>There is a first aid trained staff member available 24/7. Resident's rooms, communal bathrooms and living areas all have call bells linked to phones carried by staff, each resident also carries a personal call bell. The building is secured after hours. Staff complete regular security checks at night. Residents and family interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are cameras installed within the facility (laundry, kitchen, outside the lifts). There are camera surveillance notices on the wall.</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 coordinator is the infection control coordinator who oversees infection control and antimicrobial stewardship (AMS) across the service with support from the other registered nurses. 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, and aligns with current Ministry of Health recommendations.</p> <p>Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by an external contractor and infection control coordinator. Internal infection control audits are conducted. 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 registered nurse meetings. Infection control data is benchmarked against best practice quality indicator reference ranges</p>

		<p>within the electronic resident management system. Infection control is part of the strategic and quality plans. The owner receives reports on progress, quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, and AMS on a monthly basis including any significant infection events.</p> <p>The service has access to an infection prevention clinical nurse specialist and a gerontology clinical nurse specialist from Te Whatu Ora Capital & Coast. The service has worked alongside Te Whatu Ora Capital & Coast to develop their pandemic plan. Visitors are asked not to visit if unwell and also to wear mask at all times when in facility.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents and staff are fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and 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 coordinator who has been in this role for three years. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora Capital & Coast 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, standard precautions, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved by the owner, who receive reports around infection control matters. There is external support from the GP and laboratory. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) equipment as required and ordered through the Ministry of Health.</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. Sharps are disposed of appropriately. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The 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 Māori health plan ensures staff are practicing in a culturally safe manner. The infection control coordinator has oversight of procurement processes for equipment, devices, and consumables used in the delivery of health care. If the owners were planning any building or major refurbishments, the owners confirmed the infection control coordinator would be involved.</p> <p>The infection control coordinator has attended external training around infection control. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings and emails. The service is working towards sourcing educational resources in te reo.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The policy aims to ensure that antimicrobial agents are utilised in a manner that promotes effective treatment, while not encouraging the development of antibiotic</p>

<p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>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 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 registered nurses ensure the timely and accurate assessment and reporting of infections and liaise with the GP for appropriate treatment. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the infection control coordinator, registered nurses, 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. There are monthly comparisons of data. Benchmarking occurs through the electronic resident management system. The infection control coordinator completes a written report on possible contributing factors with preventative and corrective measures. Outcomes are discussed at the staff meetings and a report is sent to the owner. Meeting</p>

		<p>minutes graphs and reports are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits in 2022 showed 100% compliance. The service receives information from Te Whatu Ora Capital & Coast for any community concerns.</p> <p>There has been a Covid outbreak in May 2022 where a number of staff and residents were affected. The facility followed their pandemic plan. Outbreak reports and debrief meeting minutes sighted. All have been reported to Public Health. Risk management systems were put in place to minimise the exposure to other residents, staff and public. Residents were isolated and an area for doffing and donning was well set up. Meals were delivered in disposable containers and disposable cutlery used. Families were being kept informed by phone or email.</p> <p>The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>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 laundry. Personal protective equipment including gloves, aprons and goggles are available for staff throughout facility.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry is completed on site. Caregivers undertake some laundry duties but there is a designated laundry assistant to complete the majority of laundry duties. There is a defined dirty to clean flow in the laundry. The laundry is equipped with one commercial washing machine in the dirty area. There is one dryer situated in the clean area/ folding room. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and</p>

		<p>linen cupboards situated around the facility. The laundry assistant was not available for interview. The clinical coordinator explained the laundry processes and was knowledgeable around infection control practice and management of infectious laundry, including the use of soluble yellow infection bags for residents with Covid-19.</p> <p>The laundry room has a damaged ceiling and requires refurbishment (link 4.1.2).</p> <p>The cleaner's trolley is locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley were labelled and in original containers. Chemicals are stored in the lockable cupboard in the cleaning trolley when in use. The cleaner interviewed could easily describe processes in line with current best practice.</p> <p>The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings, and surveys. Staff have completed chemical safety training.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents/families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. At the time of the audit, the facility had two hospital-level residents utilising restraint (bed rails).</p> <p>The use of restraint is reported in the registered nurse meetings and carried through to staff meetings. The restraint coordinator interviewed described the focus on restraint minimisation. The facility manager reports restraint used and aggregated restraint data, along with other clinical indicators, to the owner at least monthly. This data</p>

		<p>analysis supports the implementation of their agreed strategy to ensure the health and safety of residents and staff.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff regularly attend education and training in alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Care staff interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. The files of the two residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Both residents were using restraint as a last resort and/or at their insistence. Written consent was obtained from each resident and/or their EPOA. No emergency restraint use has been required; however, the restraint coordinator could describe a safe and appropriate process to be implemented should the need arise.</p> <p>Monitoring forms are completed for each resident using restraint. Restraints are monitored at least two-hourly or more frequently should the risk assessment indicate this is required. No accidents or incidents have occurred as a result of restraint use.</p> <p>Monitoring of restraint includes residents' cultural, physical, psychological, and psychosocial needs, and addresses Wairuatanga. Restraints are regularly reviewed and discussed in the clinical and staff meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced</p>	FA	<p>The overall use of restraint is being monitored and analysed by the restraint coordinator in conjunction with the facility and clinical manager.</p> <p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs for all restraint in use. This was confirmed by a sample of resident files and restraint monitoring records. Documents</p>

<p>by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>showed family/whānau involvement. Access to advocacy is facilitated but has not been identified as necessary to date.</p> <p>The restraint register is reviewed and updated at least monthly or when restraint activity changes. The register contained enough information to provide an auditable record. There have been no emergency restraint interventions. All restraint is planned, assessed, and approved.</p> <p>The restraint coordinator undertakes a three-monthly review of all restraint use which considers all the requirements of this subsection. The outcome of the review is reported to the management, and via them to the owner. Individual use of restraint is reported to the clinical and quality/staff meetings. Minutes of meetings sampled confirmed this includes analysis and evaluation of the amount and type of restraint use, whether all alternatives to restraint have been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of restraint education and feedback from the GP, staff, and families. Internal audits are carried out to check and monitor adherence to policy and protocols. Any changes to policies, guidelines, education, and processes are implemented if indicated. Data sighted, minutes and interviews with staff confirmed that the use of restraint continues to be minimised. It was reported that in some cases, family/whānau resist the removal of bed rails. The use of restraint fluctuates according to the safety needs of the resident population.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	The registered nurses document care plans. Initial assessments and long-term care plans were developed within the required timeframes. Short-term care plans are utilised for acute concerns.	Seven long-term resident files reviewed did not have a routine interRAI reassessment or long-term care plan evaluations completed within the required timeframes.	<p>Ensure routine interRAI reassessments and long-term care plan evaluations are completed within the required timeframes.</p> <p>60 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	The ceiling in the laundry room had a big hole on the day of audit, and facility manager was not sure for how long that was going to be there for. Discussed with facility manager and clinical coordinator regarding infection control risk. There is a risk of exposure to dust and vermin, risk of falling debris and respiratory risks.	Laundry room has damaged ceiling and requires repair.	<p>Ensure the ceiling is repaired and repainted.</p> <p>90 days</p>

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.