

Dixon House Trust Board (Inc) - Dixon House Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Dixon House Trust Board (Inc)
Premises audited:	Dixon House Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 October 2022 End date: 12 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:	34

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

Dixon House is certified to provide rest home and hospital level care for up to 42 residents, including for respite care. Thirty-seven rooms are on the ground floor with five rooms on the second level. The service is operated by the Dixon House Trust Board and managed by a facility nurse manager, who also operates as the clinical nurse manager and is the only registered nurse. The position is supported by an enrolled nurse. In conjunction with Te Whatu Ora – Health New Zealand Te Tai o Poutini West Coast, the Trust has ceased providing hospital level care due to the shortage of registered nurses.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family/whānau, the manager, trust members, staff, an allied health provider, and two general practitioners. Seven trust owned social housing flats adjacent to the aged care facility are not part of the certification audit and were not visited.

Strengths of the service included the clean and tidy environment, the established gardens, the respect shown to the residents, and the positive feedback from the families spoken to.

Improvements are required to emergency evacuation and care monitoring.

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.

Dixon House works collaboratively to support and encourage a Māori world view of health in service delivery. Māori will be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Dixon House Rest Home has policies and processes in place to provide Māori with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Compliance with policy was confirmed in documentation, by observation, and through interviews with residents, family/whānau, and staff.

Residents of Dixon House Rest Home receive services in a manner that respects their dignity, privacy, and independence. Care plans accommodate the choices of residents and/or their family/whānau. There was evidence that residents and family are kept well informed.

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

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

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 governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te ora | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

When residents enter Dixon House Rest Home a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

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

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

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are transitioned or transferred to other health services as required.

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

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

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

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

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

<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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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced.

The facility nurse manager ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service, reporting to the board. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan. Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	155	0	1	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>Dixon House has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Manu motuhake is respected.</p> <p>The Māori Health Plan has been co-designed in a Māori partnership model of care. It includes supporting a Māori worldview of health and wellbeing for residents who identify as Māori. It guides staff to support residents in a culturally safe manner should there be any residents who identify as Māori in the future. The facility nurse manager (FNM) reported that cultural assessments are completed at entry to identify cultural needs. The FNM is endeavouring to make contact with local iwi.</p> <p>Staff reported they have attended Te Tiriti o Waitangi and cultural safety training. Training records confirmed this.</p> <p>There are staff who identify as Māori.</p>

		<p>There are no residents who identify as Māori.</p> <p>Residents felt culturally safe, and actively involved in determining their care needs. This was supported by whanau interviewed.</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>Dixon House has a Pacific peoples' cultural policy that was developed with input from the wider Pasifika community. It includes Pacific models of care and guides staff to deliver safe services to Pasifika People.</p> <p>The policy is focused on residents achieving equitable care to improve better outcomes. It includes advice on contacting interpreter services should they be needed to eliminate communication barriers. References include the Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan.</p> <p>Dixon House is committed to actively recruit and appoint the best person to meet the criteria and role description in the absence of a Pasifika peoples workforce.</p> <p>There were no residents or staff who identify as Pasifika.</p> <p>The office administrator reported that staff have attended cultural training.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents of Dixon House Rest Home (Dixon House) in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English, te reo Māori and in sign language.</p> <p>Dixon House has access to interpreter services and cultural advisors/advocates would be accessed if required. There are no</p>

		residents that identify as Māori or Pasifika. There are staff that identify as Māori. Dixon House recognises Māori mana motuhake.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Dixon House supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted, including through the activities programme. Evidence of Te Tiriti o Waitangi training and cultural safety training was sighted, occurring most recently in June 2022. Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit. The recent resident satisfaction survey (additional responses may still be forthcoming) demonstrated a high level of satisfaction with services by the eight respondents to date.</p> <p>Staff were observed to maintain privacy throughout the audit. Most residents have a private room. There are processes in place to ensure when residents share a room that this is socially, and clinically appropriate and applicable consent is obtained. Dixon House has five rooms that are suitable for two residents. These are used for 'couples'. There were two rooms occupied with a 'couple' at the time of audit.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Dixon House include police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct, which has recently been updated. Staff were required to read and sign the updated version. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property is respected. A property list is documented during the admission process. Staff noted if they find residents property, they secure this until the rightful owner is located and then returned. Professional boundaries are maintained.</p>

		<p>A holistic model of health at Dixon House is promoted as verified by the two general practitioners (GP's), staff and residents and family/whanau interviewed. The model encompasses an individualised strengths-based approach that ensures best outcomes for all. Family members interviewed were very satisfied with staff and the services provided to their family member.</p> <p>The two GP's, the Te Whatu Ora Te Tai o Putini West Coast gerontology nurse specialist (GNS) and all residents and family members interviewed did not have any concerns about how residents were cared for and had not witnessed any interactions that caused them concern. One resident was sighted during audit to not have a call bell in reach while sitting in a chair in their bedroom and was tearful and upset about this. Staff attended to this promptly. The resident advised this type of event had not occurred before and indicated they thought a staff member had inadvertently dislodged the call bell from the wall when making their bed that morning.</p> <p>Staff have discussed racism at a recent staff meeting. There is an open door with management and staff are invited to raise any concerns directly if applicable. No concerns were raised during audit.</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>Residents and family/whānau at Dixon House reported that communication was open and effective, and they felt listened to. Te reo Māori was incorporated in day-to-day greetings, the activities programme and signage throughout the facility.</p> <p>Changes to residents' health status was communicated to residents and their family/whānau in a timely manner. Incident reports and clinical records evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred, and this was verified by interview.</p> <p>Staff knew how to access interpreter services, if required. The facility manager advised an interpreter has not been required for at least the last five years. All the current residents can communicate effectively in</p>

		<p>English.</p> <p>There is a desktop electronic video magnifying machine in an alcove by the nursing station that any resident can use to enlarge the print of written documents. Multiple residents were sighted using this device during audit for reading and reviewing documents. The Blind Foundation supports applicable residents with listening books.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Dixon House and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making and were comfortable refusing or deferring aspects of care. Management, the enrolled nurses, and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. The right of competent residents to accept or decline suggested treatment is respected. The GPs confirmed they work to ensure the residents and whanau where applicable have all appropriate information and understand their health needs.</p> <p>Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and whanau/family support when a resident had a choice of treatment options available to them. Staff understood best practice Tikanga guidelines in regard to informed consent.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English. A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the timeframes.</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>Complainants had been informed of findings following investigation. Staff knew the process should they receive a complaint.</p> <p>There have been no complaints received from external sources since the previous audit. The quality manager is responsible for complaints management and follow up.</p> <p>The FNM reported that the complaints process works equitably for Māori and that a translator/ advocate who identified as Māori would be available to support people if needed.</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>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • Supporting meaningful representation of Māori in governance groups and honouring Te Tiriti. The chairperson reported that the board has access to iwi for advice on the topic. The chairperson added that the topic will be added to the next board meeting agenda to strengthen the liaison with Māori and Pasifika. The FNM reported seeking community Māori liaison. • The FNM and the clinical care co-ordinator (CCC) discuss clinical indicators including medication errors, complaints, compliments, falls and infections. The kitchen, laundry and cleaning staff join the meeting to discuss areas pertinent to their area. Minutes of the September 2022 quality meeting were sighted. • Appointing an experienced and suitably qualified person to manage the service. The FNM has 17 years' experience in acute medical nursing and has been in the role for five years. When the FNM is absent, the CCC carries out all the required duties under delegated authority with support from the office administrator and the TL. The CCC who has been with the organisation for 20 years and has been in the role for three years. • The FNM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field through

		<p>for example, an external clinical advisor</p> <ul style="list-style-type: none"> Identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. The chairperson and a trustee both spoke to the annual plan at interview. The 2020- 2023 business plan includes the purpose, values, scope, direction, and goals of the organisation with an outline of how the goals and objectives will be achieved. The plan was signed by the chairperson and deputy chair on 2nd June 2021. The chairperson confirmed leadership and commitment to quality and risk management through keeping up to date with sector changes reports received and managing risk. The board members include community representatives from local churches, businesses, medical providers, an ex-mayor, and an accountant. The chairperson reported each board member brings their own knowledge and skills to the organisation. The chairperson has been on the board for 25 years and in the role for three years. <p>A sample of reports to the board of directors showed adequate information to monitor performance is reported. Information reported included infection, staffing levels, and occupancy. The FNM and an external clinical advisor both attend the board meetings. The chairperson confirmed the reports provide enough information. A sample of board meeting minutes evidenced the FNM report and discussion of the West Coast aged care strategy relating to the position of a temporary manager. A temporary manager was appointed for two months to oversee the transfer of hospital level care residents. Between 10 and 13 May 2022 10 hospital level care residents were transferred from Dixon House to a local aged care facility. Seventeen rest home level care residents were transferred from a local aged care facility. Five existing residents were reassessed from hospital level care to rest home level care and stayed in Dixon House.</p> <p>The CCC reported that the service is able to deliver services that improve outcomes and achieve equity for Māori people with disabilities through assessment, care planning and communicating</p>
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		<p>with the resident and their family/whanau. For example, routines are flexible, and can be adjusted to meet the resident's needs. The GP might change medications to achieve the desired outcome. Staff get to know the resident and their likes and dislikes, including cultural needs.</p> <p>The CCC reported that staff are able to identify and address barriers through cultural assessments, care planning and by applying their knowledge. The annual plan identifies that the board is committed to improving the health status of ethnic groups, including Māori and Pasifika peoples.</p> <p>Residents receiving services and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through care planning, surveys and meetings.</p> <p>The chairperson reported that the trustees intend to have training in Te Tiriti, health equity, and cultural safety as core competencies.</p> <p>The service holds aged care contracts with Te Whatu Ora Te Tai o Putini West Coast for respite, rest home, and hospital level care for up to 42 residents.</p> <p>34 residents were receiving rest home level care services on the day of the audit. Twenty beds are certified as dual-purpose beds for rest home or hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, resident and family/whānau satisfaction surveys, policies and procedures, clinical incidents including infections and health and safety.</p> <p>Residents, whānau and staff contribution to quality improvement occurs through meetings and surveys.</p> <p>A resident survey was completed just prior to audit and is in the process of being evaluated. Eight responses have been received to</p>

<p>governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>date and were complimentary about services.</p> <p>The resident/whanau survey was last undertaken in November 2021. Thirteen responses were received. There was satisfaction with services with minor issues raised. This survey confirmed family are happy, residents cultural and spiritual needs are being met, the meals, environment cleanliness, timeliness about communication, the facilities and grounds being accessible, and staff knowledge and skill.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The internal audit schedule for 2022 was sighted and included IP, cleaning, laundry, and kitchen. Any corrective actions had been implemented.</p> <p>The FNM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register was sighted and included maintenance, environment, staffing including RN shortage, and restraint.</p> <p>Staff document adverse and near miss events. A sample of seven incidents forms were reviewed. Six of seven incidents showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. The neurological observations following one of two unwitnessed falls were not undertaken. (Refer 3.2.3). The provider is not required to follow the external reporting under the National Adverse Event Reporting Policy.</p> <p>The FNM understood and has complied with essential notification reporting requirements. Section 31 reports have been completed in relation to RN shortages. Evidence was sighted. Acknowledgement from the MoH was sighted. The most recent S31 was submitted for the week beginning 10 October 2022. Evidence was sighted of COVID-19 notifications made to Public Health.</p>
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		<p>The FNM reported that no notifications of significant events have been made to the Ministry of Health since the previous audit.</p> <p>There have not been any police investigations, coroner's inquests, issues-based audits since the last audit.</p> <p>The FNM reported that staff will be able to deliver high quality health care for Māori through for example, training, including cultural safety training, and cultural assessments.</p> <p>The provider benchmarks through the aged care industry against relevant health performance indicators, for example adverse events, infections, falls, skin tears, and pressure injuries. The FNM reported that the results were good. Graphs sighted included falls, IP, and skin tears.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The FNM reported that a safe rostering acuity tool is used.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>A review of six weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence.</p> <p>Five days a week the FNM providers RN cover in the rest home between 8am and 4.30pm.</p> <p>Two days a week a senior care giver is rostered on morning shift.</p> <p>Four mornings a week the CCC provides oversight of residents and staff.</p>

		<p>Five days a week a L 4 senior care giver, an international qualified nurse in their country of origin but not recognized in New Zealand, is on afternoon shift between 2.45pm and 11pm. The international qualification was sighted.</p> <p>Two afternoons a week a L 3 senior care giver is on shift between 2.45pm and 11pm.</p> <p>Four care givers are rostered in the morning with a mix of short and long shifts.</p> <p>Four care givers are rostered in the afternoon shift with a mix of short and long shifts.</p> <p>Three L 3 experienced senior care givers are rostered night shift.</p> <p>An activities coordinator is rostered five mornings a week. Activities are available during the absence of the activities coordinator.</p> <p>The senior care givers are known as team leaders. They were chosen for their attributes, experience, and training. Training delivered by the FNM and CCC included medication competency, vital signs, reporting, replacing staff, and taking neurological signs.</p> <p>The FNM and an enrolled nurse, both have a current annual practicing certificate, provide on call cover.</p> <p>The CCC reported that the care givers check the residents upstairs hourly during the night shift.</p> <p>The FNM reported that recruitment is underway for five RN positions.</p> <p>Staff reported that good access to advice is available when needed.</p> <p>The office administrator described the recruitment process includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p>
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<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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation.</p> <p>Position descriptions are documented and were sighted in the seven files reviewed. Six of seven were basic. The FNM reported that the</p>

<p>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>organisation will use the updated form going forward. Staff have between four months and 30 years' experience.</p> <p>The office administrator described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the registered nurse, two enrolled nurses, two nurse practitioners, and four general practitioners, all were within the expiry date. The activities coordinator is undergoing diversional therapist training.</p> <p>Staff orientation and induction includes all necessary components relevant to the role. Topics include fire safety, health and safety, restraint, cultural and spiritual safety, meals, personal care, and challenging behaviour. Staff reported that the orientation process prepared them well for their role. Completed orientation records were sighted.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Staff files are held locked and confidential in the management office.</p> <p>The FNM reported that the organisation intends to collect ethnicity data.</p> <p>Staff reported incident reports are discussed at staff meetings, and that they have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. This was confirmed by the FNM.</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</p>	<p>FA</p>	<p>Policies and procedures guide staff in the management of information. Data is collected and entered into an electronic database. Staff have their own logins and passwords. Backup database systems are held in the cloud. The provider is not responsible for registering residents' national health index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p>

<p>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>Residents' and staff files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is electronic. Some paper-based records are used. Clinical records are held securely and available only to authorised users. Information held electronically is username and password protected.</p> <p>Residents' records are uniquely identifiable and all necessary demographic, personal, clinical and health information was mostly completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Caregivers document records every shift.</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 are welcomed into Dixon House when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Dixon House provides. There has been some relocation of residents in ARCC facilities in this region (refer to 2.1). This resulted in Dixon House moving to rest home level care only. There is one registered nurse employed at Dixon House, who is the facility nurse manager (FNM). There are two enrolled nurses (EN) employed who each have specific responsibilities for the oversight of resident care under the oversight of the FNM.</p> <p>The resident relocations occurred starting 10 May 2022. Two residents that transferred in, during this time advised at interview that they had recently relocated from another care home and as a result 'are now further away from their family'. While the residents have settled in at Dixon House and are satisfied with the care and facility they reported being distressed with the process and the requirement to move.</p> <p>Other residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that</p>

		<p>had been made available to them on admission. Files reviewed met contractual requirements. Dixon House collects ethnicity data on entry, however, does not obtain ethnicity data related to prospective residents, and does not evaluate decline rates or update prospective residents. The service is working to develop a meaningful partnership with Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>The facility nurse manager (FNM) at Dixon House is attempting to develop partnerships with local Māori to benefit Māori individuals and their whānau. When admitted, residents have a choice over who will oversee their medical requirements. There are two general practices (GP) that provide services to Dixon House.</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>FA</p>	<p>The multidisciplinary team at Dixon House works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Six residents' files were reviewed. These files included a resident that self-administers a medication, a resident under the care of mental health services, a resident with a wound, a resident with weight loss, a resident admitted for respite care then re-assessed as requiring long term care, and a resident that has had several falls. All were rest home level care.</p> <p>Files reviewed verified initial assessment and an initial care plan is developed on the day of admission. Within the next 21 days a long-term care plan is developed by the clinical care coordinator (CCC) who is an enrolled nurse (EN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and included resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. Records related to GP consultations are in</p>

		<p>the sampled files. An interRAI competent registered nurse employed by Te Whatu Ora Te Tai o Putini West Coast has access to the resident electronic record and reviews information and finalises the interRAI assessment as there is no RN currently at Dixon House with interRAI competency. The facility care manager indicated she would enrol to do the training in the coming weeks.</p> <p>Policies and processes are in place to ensure tāngata whaikaha and whānau participate in Dixon House service development, deliver services that give choice and control, and remove barriers that prevent access to information. The management team reported a commitment to providing culturally appropriate and equitable services. Person centred care is evident. This was verified by reviewing documentation, sampling residents' records, from interviews, including with two general practitioners' (GPs), and from observations. Both GPs interviewed who work in different GP services confirmed they are contacted in a timely manner about changing residents care needs and all instructions and requests are carried out.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>The GP's interviewed confirmed that if they are away a colleague at their practice covers for them during business hours. After hours weekdays until 8 pm and on weekends from 8 am to 8 pm there are GPs on call. The on-call roster is shared by Drs across the two GP practices. A GP interviewed confirmed they have all relevant information available to them when on call, about residents that normally received services by other GP's. Between 8 pm at night and 8 am, the emergency department at Greymouth Hospital is reported to be contracted to provided GP cover.</p>
Subsection 3.3: Individualised activities	FA	The activities coordinator (AC) has been in the role for two years and works Monday to Thursday or Friday half day. The activities

<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>coordinator is working to complete her diversional therapist qualification. The AC develops and implements an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. A monthly calendar is displayed on the wall. There is a summary of the key activities that occur each week or month. This includes different faith-based events, communion or church services, Tai Chi, House and happy hour. There are a range of puzzles, word searches, and colouring pictures that are available in the dining area for residents to take away and complete as convenient. These are frequently changed to provide variety and align with resident interest.</p> <p>Activities are planned around special days including Waitangi Day, Matariki, Anzac Day, Queens Birthday and Halloween is upcoming. Resident birthdays are celebrated. The activities' themes during audit was around carnival cup. Fairground games, food and beverages and other activities are occurring throughout the week. On Tuesday there is 'taste test' Tuesday events where residents experiment tasting different foods. A range of supervised cooking activities occurs as part of the activities programme. Dixon House has a relationship with a local primary school and support each other with some activities (COVID-19 alert levels permitting). There are monthly travel days where the residents journey remotely to different countries, some staff dress up, and foods local to the region cooked or purchased. Residents are encouraged to reminisce about their past and countries they have been to, and all participants get a stamp in the Dixon House residents travel passport.</p> <p>There are a range of arts, crafts, games, puzzles, books, DVDs and other resources on site.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities to participate in te ao Māori are facilitated. Māori language week was celebrated. A word of the day in English and te reo is promoted. Residents have made</p>
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		<p>pois as part of the activity programme.</p> <p>Resident outings are available with van trips scheduled weekly.</p> <p>Residents' meetings occur, although these have not occurred as frequently as intended. These enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied with the activities provided at Dixon House,</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. All those interviewed confirmed they find the programme meets their needs and spoke very highly of the variety, innovation and creativity of the AC and associated programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic based system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage. This includes for oral medications, controlled drugs, second checker and insulin.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine charts with two exceptions noted. Two residents are overdue medication reviews. This is not raised as an area requiring improvement as the overdue reviews had been identified and flagged with the applicable GP prior to audit, and the GP had confirmed via email they would review these</p>

		<p>in the next few days. The CCC has systems and process in place to identify when residents are due medication reviews. Resident allergies are identified and communicated. Medication errors are reported and investigated with medical advice sought appropriately in the example sighted.</p> <p>There are no standing orders in use. The GPs have prescribed a range of pro re nata (PRN) medication for residents, and new medications can be prescribed remotely. Staff evaluate the effectiveness of PRN medications with a narrative in the progress notes.</p> <p>Self-administration of medication is facilitated and managed safely. Residents are supported to understand their medications, and staff advise includes Māori residents if present. Resident records and observation showed discussion occurs with residents and family about proposed changes in medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Dixon House is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian with a report dated December 2020. Recommendations made at that time have been implemented. Residents can assist with dining table set up. Some cooking activities occur as part of the activities programme.</p> <p>All aspects of food management comply with current legislation and guidelines. Food is purchased from approved suppliers, with deliveries scheduled at least three times a week. There is sufficient dry food on site to feed residents for up to at least one week. The service operates with an approved food safety plan and registration expiry 17 April 2023. A verification audit of the food control plan was last undertaken on 20 September 2022. The four recommendations during the verification audit have been or are being actioned.</p> <p>Each resident has a nutritional assessment on admission to the</p>

		<p>facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. Interventions are undertaken in response to unplanned weight loss. The cook interviewed was unsure what food options would be provided for te ao Māori. The cultural and dietary needs of residents is identified and facilitated as verified by residents and family interviewed.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The GNS interviewed advised before the 10 hospital level care residents were transferred out to another ARRC facility they were all reassessed to verify their level of care. Several residents that had initially been admitted to Dixon House at hospital level care had improved and reassessed as rest home level care, so they did not need to relocate.</p> <p>A brown bag is used to send applicable information to Te Whatu Ora Te Tai o Putini West Coast in the event the resident needs transfer to acute care services and copies of applicable clinical documents, advance directives, the medication record, and EPOA documents also sent. Competent residents also have the right to decline transfer to acute care services for higher level of care. Family/whānau are advised of their options to access other health and disability services, social support or Kaupapa Māori services if the need is identified or requested.</p> <p>When residents are transferred from acute care services, a medical discharge document and a nursing transfer form are completed and returned with the resident. These are reviewed and acted upon as</p>

		verified in a resident record reviewed.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness is publicly displayed. It expires on 1 July 2023.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The office administrator reported that residents living upstairs must be fully mobile. A lift and internal stairs provide access.</p> <p>Each room has an ensuite with rails. Call bells are in place as are sprinklers, a hose reel and smoke alarms.</p> <p>Tagging and testing is current as confirmed in records, interviews with the care home manager and observation.</p> <p>The maintenance personnel described the planned maintenance schedule and the unplanned maintenance register. The register was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>Communal areas are available for residents to engage in activities.</p> <p>One dining and one lounge and two sunrooms are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Each resident has their own hand basin. Ten rooms have toilet and handbasin. Thirty-two rooms have en-suites. There are adequate numbers of shared accessible bathrooms. The number of toilet and bathroom facilities for visitors</p>

		<p>and staff are adequate.</p> <p>Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment are available to promote resident's independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Two bedrooms provide shared accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, and wheelchairs. Staff and residents reported the adequacy of bedrooms.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>The provider has plans to consult and involve residents and whānau in the design of any new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed.</p> <p>Emergency evacuation plans are displayed and known to staff. The current fire evacuation plan was approved by the New Zealand Fire Service on 6 March 2003.</p> <p>The trial evacuation was overdue by two months. Staff confirmed at interview they knew the evacuation procedure and assembly point.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, hose reels, sprinklers, smoke alarms, and fire action notices were sighted.</p> <p>The FNM and office administrator reported that all senior staff, enrolled nurses, volunteer driver, office administrator have a current</p>

		<p>first aid certificate. Certificates were sighted. The office administrator report that the diversional therapist, and two senior care givers are booked to attend first aid training week beginning 17 October. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>The FNM reported that appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. Staff check the doors at handover.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including, water, medical supplies and gas BBQ and meet the requirements for the residents. meet The National Emergency Management Agency recommendations for the region. Supplies are checked three monthly. The last check was completed 23 August 2022. The check was sighted. The FNM and maintenance personnel reported there is a generator on site.</p> <p>Emergency lighting is regularly tested.</p> <p>Residents are informed of the emergency and security arrangements at entry. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought from Te Whatu Ora. A documented pathway supports reporting of progress, issues and significant events to the governing body. The FNM report to the board confirmed this. The Pandemic Plan has been tested through the outbreak of Covid.</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 facility nurse manager (a registered nurse) is the infection prevention and control coordinator (IPCC) at Dixon House, responsible for overseeing and implementing the infection prevention (IP) programme with support of the clinical care coordinator (CCC).</p> <p>The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually by the facility manager. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, equipment and facility changes.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are developed by an external quality consultant. These are dated December 2021 and are based on current accepted good practice. The FNM advises the service is working to develop a partnership with a local Marae in order to access cultural advice as and when appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed following these correctly. Dixon House policies, processes and audits ensures that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Single use items are not reused. Educational resources are not available / accessible in te reo Māori for Māori accessing services. The FNM is going to review what else is available.</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff have been trained accordingly. Staff competencies in hand hygiene and donning and doffing of PPE. Nine residents were identified as having Covid-19 in August 2022. In July/August 2022 there were four residents with respiratory syncytial virus (RSV). Staff worked together on both occasions to stop further transmission. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs and confirmed being kept well informed as the Covid -19 related restrictions were</p>
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		<p>adjusted over time.</p> <p>Residents and staff are offered Covid -19 and influenza vaccinations.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Dixon House is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. The antimicrobial policy was reviewed and signed by one of the GP representatives in September 2022. The GP and CCC reviews laboratory results to ensure when residents are already on or are being prescribed antimicrobials an appropriate antimicrobial is prescribed. Whilst there is an antimicrobial stewardship programme in place, monitoring is not occurring of the quantity or quality of antimicrobials prescribed and infection control team will review how this is best done.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Dixon House undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. Standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance are used.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. The infection data is benchmarked with other ARRC facilities. Dixon House has a higher infection rate for respiratory and urinary infections in comparison with the benchmarked facilities. Work is underway to review this and potential contributing factors. Results of the surveillance programme are shared with staff and the GP. Surveillance data includes ethnicity data, as this has been recently added. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There was an outbreak of Covid-19 at Dixon House in August 2022 and RSV in July/August 2022 (refer to 5.2). The Regional Public Health Unit (RPH) and Te Whatu Ora were reportedly informed of the</p>

		outbreak.
<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>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Dixon House. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of some items prior to their being laundered. Care staff undertake cleaning and laundry duties, have been trained on requirements, confirm that they have completed relevant training including on chemical safety (September 2022), and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observation.</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</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. The chairperson and FNM confirmed this. At the time of the audit no residents were using a restraint. Four residents discharged since the last audit had used restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>One discharged resident's file was audited as part of this audit.</p> <p>The FNM is the restraint coordinator providing support and oversight for any restraint management. Support is provided by the CCC. Staff have been trained in the least restrictive practice, safe restraint</p>

<p>restraint in the context of aiming for elimination.</p>		<p>practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved.</p> <p>There are processes in place to report and analyse the use of restraint used including the type and frequency of restraint. Whānau/EPOA were involved in decision making.</p> <p>Policies and procedures meet the requirements of the standard.</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 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	PA Low	The last trial evacuation was held 10 February 2022. The FNM had been trying to make contact with the contracted external company to attend in order to facilitate the trial evacuation. Contact had not been made at the time of the audit. The floor plan and emergency procedures were on display and staff confirmed this at interview. Smoke alarms, sprinklers, manual call boxes, fire extinguishers and hose reels were sighted. Staff confirmed at interview they knew the evacuation procedure and assembly point.	The trial evacuation was overdue by two months.	<p>Provide evidence that the trial has been successfully completed.</p> <p>60 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.