

# Selwyn Care Limited - Ivan Ward Centre

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Selwyn Care Limited
<b>Premises audited:</b>	Ivan Ward Centre
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 2 November 2022      End date: 3 November 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	88

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Selwyn Ivan Ward is a purpose-built facility and part of The Selwyn Foundation Group. The facility is certified to provide rest home, hospital (geriatric and medical) and dementia level care for up to 90 residents. On the days of audit there were 88 residents. All but one resident was on the aged-related care contract.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora- Health New Zealand Auckland. 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 nurse practitioner.

The service continues to make environmental improvements. There had been no changes to the services provided since the last audit.

An experienced care manager and assistant care manager manage Selwyn Ivan Ward. Senior registered nurses and the group director of care support them.

There are systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme continues to be implemented that provides staff with appropriate knowledge and skills to deliver care. Residents and family advised that the staff provide a caring and respectful environment.

This audit has met the intent of the standard.

A continuous improvement is awarded around a quality improvement initiative related to palliative care.

## 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.

Selwyn Ivan Ward provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. 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.

Selwyn Ivan Ward is owned and operated by the Selwyn Foundation Group. The strategic plan includes a mission statement and operational objectives.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of quality indicator data were all documented as taking place as scheduled, with corrective actions as indicated to improve service delivery. There are various meetings where key issues related to service delivery are discussed.

There is a 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. Staff complete annual competencies to ensure an effective, efficient, and skilled workforce.

Health and safety management systems are in place. Hazards are identified to ensure a safe workplace. Staff wellbeing is prioritised by ensuring a positive and supportive workplace.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The nurse practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Long-term care plans are developed and

implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

A diversional therapist manages the activity programme. The activity team provides an activities programme in the rest home and hospital and a separate programme in the dementia care unit. The programme provides residents with a variety of individual and group activities and maintains their links with the community. Opportunities are provided through the activities programme to participate in te ao Māori.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. A dietitian has reviewed the menu plans. There are nutritious snacks available 24 hours per day. Residents and family confirmed satisfaction with meals provided.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single with their own ensuites or shared facilities. Rooms are personalised. The dementia unit is secure with safe access to a secure internal courtyard.

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**

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been three Covid -19 outbreaks and these have been well documented. There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There is leadership commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place.

Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were no residents using a restraint. Restraint is only used as a last resort when all other options have been explored. Staff received the appropriate training and complete competencies to maintain a restraint-free environment.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	153	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>As part of the Anglican Church, Selwyn Foundation Group is committed to working under a three Tikanga Partnership involving Tikanga Māori, Tikanga Pasifika and Tikanga Pākehā. The Māori health plan and partnerships stress the three principles of partnership, participation, and protection, under which they operate.</p> <p>There is a cultural awareness and safety policy that includes a Māori health plan. The aim of this plan is equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing. Within Selwyn's policy on Māori partnership (which incorporates the Māori health plan), Selwyn works with their Tikanga partner Te Pihopatanga o Te Taitokerau to obtain cultural guidance for cultural safety. Selwyn's cultural safety policy has been approved by our Tikanga partner, Te Pihopatanga o Te Taitokerau.</p> <p>The care manager stated the service supports increasing Māori capacity within the workforce and will be employing more Māori staff members when they do apply for employment opportunities at Selwyn Ivan Ward. At the time of the audit there were Māori staff. Selwyn Ivan</p>

		<p>Ward evidence commitment to equal access to employment opportunities and professional development for staff including Māori in their strategic plan.</p> <p>Selwyn Foundation Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The care manager described an established relationship with local kaumātua.</p> <p>The service currently has residents that identify as Māori. Selwyn Ivan Ward is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau, as evidenced in the residents care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Thirteen care staff interviewed (seven care partners [caregivers] including the health and safety representative, five registered nurses (RNs) including infection control coordinator, restraint coordinator and two senior RNs, one diversional therapist (DT) 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>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Management interviewed advised that family members of Pasifika residents are 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. Staff discuss with residents and whānau the best way to individually meet the care needs of the residents. Implementing the Selwyn Way philosophy ensures equity and efficient provision of health and disability services for Pacific peoples.</p> <p>Resident's whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p>

		<p>Selwyn Care has cultural standard operating procedures that recognise Pacific Peoples and references, in particular, how the Tongan and Samoan cultures prefer to be greeted, information around privacy, food, friends and family, death and dying. This provides all care staff with an understanding of these cultures, as well as many others (eg, Indian and Chinese), in order to provide safe, compassionate care while living within their care centres. Selwyn Care does not have a Pacific plan in place currently; however, there are plans to develop one based on the content of the cultural safety manual and the Selwyn Way policy.</p> <p>The organisation is working towards developing a meaningful and collaborative working relationship with Pasifika communities through their Pasifika staff. Selwyn has a member of their ecclesiastical staff who is Pasifika, who they plan to collaborate with to further develop a Pacific plan and focus on equitable service delivery.</p> <p>The service is actively recruiting new staff. There are staff that identify as Pasifika. The care manager described how Selwyn Ivan Ward increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with four residents (two rest home and two hospital) and six relatives (two rest home, two hospital and two dementia) identified that staff put people using the services, whānau, and communities at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori.</p> <p>Details relating to the Code are included in the information that is provided to new residents and their family. The care manager or assistant care manager discuss aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family interviewed reported that the service is upholding the residents' rights. Interactions</p>

		<p>observed between staff and residents during the audit were respectful. Residents were called upon using their preferred name.</p> <p>There is a group of three chaplains that provide spiritual support and bereavement counselling. Church services are held weekly, and there is access to an on-site chapel. All residents are invited and supported to attend if they so wish.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>Three managers (director of care, care manager and assistant care manager), thirteen care staff and one cook could describe how the service upholds residents' rights in all aspects of service delivery.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Care partners and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided where residents preferences are made a priority. 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. Residents have control over and choice over the activities they participate in.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in July 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's</p>

		<p>right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their cultural values and beliefs being considered and met. Privacy is ensured and maintained during procedures and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Selwyn Way encourages care partners to be involved in a household model of care where each resident's individual preference, habits and routine underpin all decision-making. This holistic approach, using five pillars of wellbeing (belonging, contentment, growth, resilience, and spirituality) requires the care team to understand each resident's individual preferences, habits, and routines.</p> <p>The organisation is actively sharing knowledge around the values underpinning tikanga principles.</p> <p>Staff receive education on the Selwyn Way at orientation that incorporates person centred care, cultural awareness, Te Tiriti o Waitangi and tikanga Māori training. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</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. One aim of the staff handbook is to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules.</p>

		<p>Selwyn's philosophy of non-discrimination and caring, as reflective of the Anglican faith traditions and contained in our Selwyn Way policy, is promoted with all our staff. The organisation is also raising awareness and educating staff on institutional racism and equity. There is a cultural manual and resources available for staff to access. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Selwyn values actively encourage an attitude to care which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble and flexible and passionate. These values align closely with Te Tiriti principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons showing them respect and dignity. All residents and families interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with RNs and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>A strengths-based and holistic model is prioritised in the organisations model of care, and the Māori health plan to promote wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. There is effective communication prior to admission to ensure residents and whānau understand the environment that include a restraint-free environment, palliative care and how incidents are managed including behaviours that challenge. Monthly resident and family meetings identify feedback from residents and actions to ensure continuous</p>

<p>and relevant health messages to Māori. 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>improvement on service delivery.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. Ten accident/incident forms reviewed identified relatives are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>There are monthly newsletters to residents and families that focus on important information.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who 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 hospice and specialist services at Te Whatu Ora Auckland. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved.</p> <p>There are daily morning huddles and weekly clinical review meetings between registered nurses, house leads (senior care partners) and the management team that takes a risk-based approach. There are various meetings throughout the month, and these were maintained despite three Covid-19 outbreaks.</p> <p>The care manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Families attend six-monthly care review meetings for care planning review.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Ten electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is scanned onto the residents' electronic files and activated as applicable for residents assessed as incompetent to make an informed decision. Enduring power of attorneys had been activated and a medical certificate for incapacity was on file for residents in the dementia unit.</p> <p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the nurse practitioner (NP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the care partners and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs in July 2021.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating the resident's cultural identity when planning care. The care manager evidenced an understanding around the importance of</p>

		whānau participation in decision making and consent to care.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The care manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy. 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>Four complaints were lodged in 2021 and six complaints have been lodged in 2022 (year-to-date). There were no complaints from external agencies. Complaints logged include an investigation, root cause analysis, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and chaired by the care manager. The diversional therapist, and the activities coordinator are present during the meeting. Family/whānau confirmed during interview the care manager is available to listen to concerns and acts promptly on issues raised.</p> <p>Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care manager and assistant care manager acknowledged their understanding that for Māori there is a preference for face-to-face communication.</p>
Subsection 2.1: Governance	FA	Selwyn Ivan Ward is owned and operated by the Selwyn Foundation Group. The service provides care for up to 90 residents across 72

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>dual purpose beds and 18 dementia care beds. At the time of the audit there were 88 residents in total, including 18 rest home residents, 52 hospital residents (including one resident on a primary acute option care contract (POAC), and 18 residents at dementia level of care. All other residents were admitted under the age-related residential care contract (ARRC).</p> <p>The Selwyn Foundation Group Board of Directors is an experienced team of ten professionals, each with their own expertise. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of their executive team. There is Māori representation on The Selwyn Foundation Board. The Foundation has funded the appointment of a tikanga Māori facilitator within the management team of Hui Amorangi o Te Tai Tokerau Trust Board to ensure barriers to equitable service delivery is appropriately addressed.</p> <p>Selwyn works with the Tikanga partner Te Pihopatanga o Te Taitokerau as well as a Pou Awhina service to obtain cultural guidance for cultural safety, influencing the services we provide. The Tikanga partner, Te Pihopatanga o Te Taitokerau, has approved Selwyn's cultural safety policy. The policy and Selwyn philosophy describes the governance commitment to reflect the communities they serve in planning and delivering services.</p> <p>There is a documented strategic plan (2018-2022), which informs the quality improvement plan and includes the organisation's scope, strategy, vision, mission, and philosophy around person-centred care. Following divestment of six sister facilities and organisational restructure in May 2022, a new strategic plan is being developed.</p> <p>Key performance indicators and specific goals are identified and regularly reviewed by the Board at their monthly meetings, evidenced in the Board meeting minutes. Specific goals as determined by the care manager are also regularly reviewed. The Board receives progress updates from each aged care facility, including, (but not limited to): clinical indicator data, restraint use (if any), benchmarking results, high risk events (if any), and escalated/external complaints. Policies are regularly reviewed. The organisation are in the process of updating these to meet the Ngā Paerewa Health and Disability</p>
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		<p>Services Standard NZS 8134:2021.</p> <p>In addition to Board meetings there are separate sub-committees of the Board with oversight of various areas of organisation. The operations committee has oversight of residential care and it is assisted in this by the clinical governance group. The clinical governance group operates in an operational governance role across all clinical professional staff and contractors who are subject to the Health Practitioners Competence Assurance Act. The area of accountability is within the clinical realm only and includes leadership and culture; clinical performance and evaluation of care; risk management; quality improvements; service design; workforce; cultural proficiency; and professional development.</p> <p>Members of the group receive ongoing updates on the Health &amp; Disability Services Standard 2021 from senior clinicians in the clinical governance group. The group has terms of reference that describe governance responsibilities. Quality and risk reports are provided to the clinical governance group. Risk reports are reviewed during committee and Board meetings.</p> <p>The household model of care stresses the importance of enabling residents to make their own decisions and choices. Care is done in partnership with residents and their whānau, if applicable. Feedback from these interactions results in service development to improve outcomes and achieve equity for Māori.</p> <p>The care manager has been in similar roles for the last 10 years and been with Selwyn Ivan Ward since 2018. She is supported by an assistant care manager (newly created role) since July 2022 and been in aged care for the last five years. The management team is supported on site by two senior registered nurses, admission coordinator, administrator, experienced group of longstanding employed care partners and household staff. The care manager reports to the director of care (interviewed) on a variety of operational issues and provides a monthly report. Monthly reports on residential care are provided to the operations committee by the director of care, highlighting any significant issues. These issues are addressed at board level.</p> <p>Board members have attended specific cultural training and cultural</p>
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		safety with the remaining senior managers planning to attend.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Selwyn Foundation Group has effective quality and risk management programmes in place. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed, and in the process, to meet the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (link 2.1.11). New policies or changes to policy are communicated to staff.</p> <p>Monthly staff meetings and quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; internal audits; restraints; strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place as scheduled. Corrective actions were documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Quality improvement projects are documented and related to activities case studies (ongoing) and the implementation of an improved palliative care pathway that occurred over the last 18 months and signed off as completed. The service is awarded a continuous improvement for the management and positive resident outcomes related to the palliative care pathway project.</p> <p>Results from the resident and family satisfaction surveys (completed in July 2022) were positive. Results were communicated to staff and residents/families, evidenced in meeting minutes. Corrective actions are documented to address specific comments made in the survey. All</p>

		<p>areas of care evidence high levels of satisfaction.</p> <p>Health and safety management aligns with our Selwyn health and safety policy, which includes staff representatives; monthly committee meetings; environmental audits; observations and reports; civil defence supply management and oversight; hazard reports; hazard register reviews; and support of injured staff incident reports. Hazard management, induction of bureau staff, and management of visitors, volunteers and contractors is appropriate to ensure a safe environment. Monthly meetings with the Selwyn health and safety coordinator ensures regular reporting of issues to the Board.</p> <p>Hazard identification forms and an up-to-date hazard register were sighted. Health and safety is discussed also in staff/quality meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form and staff are supported to return to work. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. There is a group of two physiotherapists, strength and wellness facilitator and exercise and movement coach that are available at Selwyn Village. There is a physiotherapist available every day in Selwyn Ivan Ward. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. The falls risk assessment tool is reviewed post falls. Care partner interviews confirmed their awareness of the identified residents who are at greater risk of falling.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 10 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising, challenging behaviours). Incident and accident data is collated monthly and analysed using the electronic residents' management system. Each event involving a resident reflects a clinical assessment and follow up by a RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event. Discussions with the care</p>
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		<p>manager and director of care evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT in 2021 and 2022 year to date related to a stage III (hospital acquired) pressure injury. Three Covid outbreak exposure events in 2022 were appropriately notified to Public Health.</p> <p>Critical analysis of organisational practices will be done in consultation with the Māori facilitator to improve health equity. Staff competencies will be regularly assessed to ensure a high-quality service is provided for Māori through the promotion of The Selwyn Way philosophy, by celebrating cultural diversity and the review of all relevant policies and procedures through the health equity lens.</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>The Selwyn Foundation Group policy includes staff rationale and skill mix in their staff rostering policy. Sufficient staff are rostered daily to manage the care requirements of the residents.</p> <p>The service takes into consideration resident acuity and times of crisis management (Covid-19 and other outbreaks). The service has a total of 60 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The care manager confirmed the service uses Selwyn agency staff when available; however, care partners will cover the available shifts to provide sufficient cover. The care manager and assistant manager works 40 hours per week from Monday to Friday from 8 am-4.30 pm.</p> <p>The care manager and assistant care manager (both RNs) are available on call after hours. In addition, there are two senior registered nurses on each day (work alternative weekends) from 8 am-4.30 pm. One senior RN oversees the dementia unit in the morning. There are another two RNs on the morning working 6.45 am-3.15 pm each covering a floor.</p> <p>There are three RNs on the afternoon (one is a floater and oversees the dementia and household 1 and 2 unit) and two at night. There are currently three RN night shift vacancies; active recruitment is ongoing. The shifts are covered by regular Selwyn Bureau RNs. Staff and rosters and interviews with staff confirmed that there is always an RN</p>

		<p>rostered.</p> <p>There are six households with 12 beds each and the dementia unit of 18 beds.</p> <p>Roster</p> <p>Household 1 and 2 (12 Hospital level and 12 rest home level care)- on ground floor</p> <p>AM: Household lead (medication competent)7am-3.15pm supported by two care partners 7am-3.15pm and one 7am-1.30pm</p> <p>PM: Care partner 3pm-11.15pm and one 4pm-8pm and one 3pm-10pm</p> <p>NIGHT: One care partner 11pm-7.15am</p> <p>Household 3 and 4 (20 hospital and 3 rest home)- first floor</p> <p>AM: Household lead (medication competent) 7am-3.15pm supported by three care partners 7am-3.15pm and one 7am-1.30pm</p> <p>PM: three care partner 3pm-11.15pm and one 4pm-10.30pm</p> <p>NIGHT: two care partner 11pm-7.15am</p> <p>Household 5 and 6 (20 hospital and 3 rest home)- first floor</p> <p>AM: Household lead (medication competent) 7am-3.15pm supported by three care partners 7am-3.15pm and one 7am-1.30pm</p> <p>PM: three care partner 3pm-11.15pm (one a household lead) and one 4pm-10.30pm</p> <p>NIGHT: two care partner 11pm-7.15am</p> <p>Brian Wells Household (dementia) 18 beds-first floor</p> <p>AM: Household lead (medication competent) 7am-3.15pm supported by two care partners 7am-3.15pm and one 7am-1.30pm</p> <p>PM: three care partner 3pm-11.15pm (one a household lead) and one 4pm-10.30pm</p> <p>NIGHT: two care partner 11pm-7.15am</p> <p>Staff and residents interviewed confirm they are informed when there</p>
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	<p>are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a timely manner and in their opinion, there are enough staff.</p> <p>There is a two-yearly education and training schedule being implemented. Topics are offered through an electronic platform (Selwyn Learn), face to face, handovers with toolbox meeting, and at staff meetings. Each topic includes a competency questionnaire. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. Education and training include topics such as palliative care, dementia care, and management of behaviours that challenge. Completion of courses is monitored by office staff and reflects high levels of participation (greater than 80%). Selwyn is currently rolling out their cultural training programme, led by their Māori consultant. Plans are in place for all staff to attend this training. Work is also underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>Competency records are available and include handwashing competencies; use of personal protective equipment; fire and evacuation training; restraint; hazard management; medication management; first aid; hoist use; and manual handling competencies.</p> <p>Registered nurse specific competencies include medication management and associated medications including nebuliser; oxygen and controlled medication administration use; male and female catheterisation; and palliative care, including syringe driver competency. Registered nurses have access to external training and three RNs are currently enrolled in post graduate studies related to older person. Three RNs completed palliative care initiative training to become a palliative care link nurse and also completed Te Whatu Ora study days related to assessment of the deteriorating resident and critical thinking. Eight RNs are employed (including two senior registered nurses), all have completed their interRAI training.</p> <p>The service supports and encourages care partners to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 45 care partners employed in total. Selwyn Ivan Ward supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing.</p>
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		<p>Twenty-four achieved level four, four achieved level three and four achieved level two NZQA qualification. Staff are enrolled to level two at the time of employment. There are 13 care partners allocated to the dementia unit; 11 have completed the relevant required dementia standards as per the ARC E4.5.c.</p> <p>The employees are supported by union delegates that advocate for the employees and ensure employees feel supported.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Eight staff files reviewed (assistant care manager, two RNs, one diversional therapist, one cook and three care partners) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions which includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, nurse practitioner, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff that had been in employment for more than 12 months had 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. A comprehensive induction which includes a training in the household model of care, cultural safety, and The Selwyn Way policy. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and care partners to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity</p>

		<p>database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Selwyn supports an employee assistance programme and staff have access through union delegates.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in a dedicated secure archive room. Documents can be scanned and uploaded on the electronic system for reference. There is a locked bin on site for secure destruction and a document shredder.</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 (electronically) include links to the name and designation of the service provider. 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. The service is not responsible for the registration of National Health Index numbers.</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.</p>	FA	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and the nurse practitioner (NP) are informed of the decline to entry. The admission coordinator states that there have been no declines since</p>

<p>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>the last audit. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service. All resident files reviewed had current interRAI assessments in place.</p> <p>The admission policy requires the collection of information that includes but is not limited to ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and families and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected but at this stage is not being analysed.</p> <p>The care manager described relationships with identified Māori service provider groups within the community. There is access to kaumātua for cultural support. The governance body has employed a Māori consultant.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files were reviewed (six hospital including the resident on the primary acute option care (POAC) contract, two rest home and two dementia). Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. The long-term care plans are completed within three weeks of the residents' admission to the facility for all long-term residents, including the resident on the POAC contract. Documented interventions and early warning signs meet the residents' assessed needs. Residents who identify as Māori have a Māori health care plan in place which describes the support required to meet their needs.</p>

		<p>The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>Short-term care acute problems, for example, infections, wounds, and weight loss are added to the electronic LTCP and removed once the issue has been resolved.</p> <p>The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the NP within required timeframes and when their health status changes. The NP visits the facility twice-weekly. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the NP's practice. A physiotherapist (works for Selwyn) is available Monday to Friday. There is also an exercise specialist. Residents are referred by the RN's.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was a range of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were eleven residents with wounds on the day of audit. There are currently no pressure injuries. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies</p>
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		<p>and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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 residents' activities programme is implemented by a diversional therapist (DT) and two activity assistants. The activity staff also liaise and work with the care-partners in each household. Activities for the residents in the hospital, rest home and dementia unit are provided seven days a week. The activities programme is displayed in all communal areas and residents may have an individual copy if requested. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the DTs occur regularly.</p> <p>Van outings into the community are twice-weekly. Chaplains visit regularly and there is a weekly church service in each household. Pet therapy is weekly, and the DT also brings in her two puppies. Happy hour is weekly in each household and every two weeks each household has a cooked breakfast.</p> <p>Some residents go out shopping and to cafes and many enjoy going to the on-site café.</p> <p>The programme has included visits from local community groups, Kapa Haka groups and Matariki celebrations. There are spin Poi sessions weekly. Other cultural activities, such as Diwali, are held to include the variety of cultures within the facility. Family/whānau</p>

		<p>participation in the programme is encouraged.</p> <p>The residents' activities assessments are completed by the DT within three weeks of the residents' admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Monthly resident meetings are held and include discussion around activities.</p> <p>In the dementia unit, the residents have the same opportunities as all other residents, activities are flexible and tailored to their needs and moods. The open plan unit provides large walking spaces and there is a large secure external garden with a looped pathway. There are small areas where residents who dislike noise may sit quietly.</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>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the NP were recorded. Resident allergies and sensitivities are documented on the electronic medication chart.</p> <p>The service uses robotic packs that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily and are within the required range.</p>

		<p>Medications are stored securely in accordance with requirements. There are medication safes in each residents' room, but these are not currently being used. Weekly checks of medications and six-monthly stocktakes have been conducted in line with policy and legislation.</p> <p>Medications are administered by RN's or senior medication competent care-partners. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities relating to medication policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit. There are no standing orders.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the NP following discussion with the resident and/or their family/whānau.</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>	FA	<p>The food service is contracted out. The contracted staff have food safety certificates and infection control training.</p> <p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes and dislikes of residents. These are accommodated in daily meal planning. The service is working towards staff understanding of tapu and noa and menu options culturally</p>

		<p>specific to Māori.</p> <p>All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. There are five dining rooms in the facility, meals are transported to the dining rooms in scan boxes.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and families interviewed stated that they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal four-weekly menu has been developed by a dietitian. The food control plan was verified on 18 January 2022. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Discussion and feedback on the menu and food provided is sought at the monthly residents' meetings. Residents and families interviewed stated that they were satisfied with the meals provided. Additional nutritious snacks are available in the secure dementia unit over a 24-hour period.</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.</p>	FA	<p>There is a Selwyn resident transfer/discharge policy. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services, social support or kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with RN's and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</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>FA</p>	<p>There is a building warrant of fitness certificate that expires on 22 August 2023. The facilities and maintenance manager works full time (Monday to Friday). There are four full-time maintenance assistants. Maintenance requests are logged through the electronic system and followed up in a timely manner. When completed, tasks are signed off by the facilities and maintenance manager. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical equipment was completed in March 2022. Checking and calibration of medical equipment, hoists and scales was completed in July 2022. There are contracted gardeners.</p> <p>The facility is non-smoking. All corridors have safety rails that promote safe mobility. Corridors are wide and residents were observed moving freely around the areas with mobility aids where required. All rooms are single with ensuites. There are sufficient numbers of communal toilets. Fixtures, fittings, and flooring are appropriate. Ensuite facilities are easy to clean. There is ample space in ensuite areas to accommodate shower chairs and a hoist if appropriate. There are signs on all toilet doors.</p> <p>Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and</p>

		<p>ventilation. There is underfloor heating in each room. Residents are not able to adjust the temperature, however, the temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>The service is not planning any building or refurbishment projects; however, the consideration of how designs and environments reflect the aspirations and identity of Māori would be included should there be building projects in the future. This would be coordinated from head office.</p> <p>Except for the dementia wing, all beds are dual purpose. The facility is divided into six households plus the dementia unit. Each household has twelve residents, but the dementia unit has eighteen. There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. There are spacious dining rooms in each household, each with a satellite kitchen. Tea and coffee making facilities are available as well as cold water.</p> <p>The external courtyards and gardens on the ground floor have seating and shade. Upstairs the lounges open out onto attractive balcony courtyards. There is safe access to all communal areas. Care-partners interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>There are two lifts between floors. Both accommodate beds/stretchers.</p> <p>Dementia wing</p> <p>The dementia unit entrance has a scan code lock. There is a large lounge where activities occur and smaller spaces where residents who prefer quieter activities or visitors may sit. There is a spacious dining room with a satellite kitchen. Tea and coffee making facilities are available as well as cold water. Snacks are always available.</p> <p>There are three doors for residents to enter and exit from the unit to the secure internal courtyard which has a continuous looped pathway. There is outdoor furniture raised gardens and shade in the internal courtyard. There is a safety barrier around two large garden rocks which are potentially a tripping hazard. The indoor area is safe and</p>
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		allows for residents to move freely. All corridors have safety rails that promote safe mobility.
<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>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a locked cupboard on the ground floor and checked monthly.</p> <p>In the event of a power outage there is a small portable generator (on a trailer) and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells go to the care staff pagers. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. There is security lighting and an on-site security guard patrols regularly at night. All external doors are alarmed. Currently, under Covid restrictions, visitors are controlled through rapid antigen testing, signing in at the entrance and wearing masks.</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 infection control policies and procedures including antimicrobial stewardship aligns with the Selwyn strategic goal “To create thriving village communities that meet the changing needs of older people, and specifically aligning to our drive to provide ‘The Selwyn Way’ approach to care”. In the case of a crisis (eg, Covid-19), a crisis management team structure is put in place with regular reports to the Board. There is a clear communication pathway for escalation of significant events (including outbreaks and events related to AMS).</p> <p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. There is a facility infection control team. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually in house on the effectiveness of the programme, lessons learned, and improvements required.</p> <p>Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also reported at governance level. The data is also benchmarked. Results of benchmarking are presented, and results discussed with staff. This information is also displayed on staff noticeboards.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Auckland.</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</p>	<p>FA</p>	<p>The care manager and assistant care manager supports the designated infection control coordinator. During Covid-19 lockdown and outbreaks there were regular zoom meetings with Te Whatu Ora Auckland that provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility, positive tests, and communication pathways.</p> <p>The infection control coordinator has completed Bug Control</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>education related to infection control principles, antimicrobial stewardship, and implementation of an infection control programme. There is good external support from the NP, laboratory, and Te Whatu Ora Auckland infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE equipment is available as required, stock is rotated and checked monthly against expiry dates. The infection control coordinator is involved in the procurement of high-quality consumables, PPE, and wound care products with the support from the management team.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed in consultation with infection control coordinators. Policies are available and accessible to staff.</p> <p>There are policies and procedures in place around disinfection of reusable and disposal of single use items and this is monitored monthly through their internal audit process (Covid-19 and pandemic infection control audit) and ongoing since May 2021. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Māori residents and encourage culturally safe practices that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Selwyn Learn). 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 annual handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise HAI. The service follows the guideline of Te Whatu Ora Auckland 'Control of MRO in New Zealand'. The 'IPC during renovation and construction' policy ensures consultation with the infection control coordinator when significant</p>
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		<p>changes are proposed to the existing facility. There are no major renovations or builds proposed for the near future.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. There were no residents with Covid-19 infections on the days of audit.</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>The service has antimicrobial policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical and registered nurse notes. Adverse effects are monitored through the electronic systems acute interventions (short-term care plan) report. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, infection control and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The reports are presented to the NP as part of collaboration in reducing antimicrobial usage.</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>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and plans to incorporate this into surveillance methods. Internal infection control audits are completed with corrective actions for areas of improvement.</p>

		<p>There have been three Covid-19 outbreaks in 2022 year to date. There was no formal process of collation of specific ethnicity data completed for these outbreaks at site level.</p> <p>There is ready made isolation kits and posters available to ensure consistency and timely implementation of isolation when required. All households were kept separate, and staff were kept to that bubble. Staff wore PPE. Residents and staff completed rapid antigen tests (RAT) daily. Antiretrovirals were made available at the last outbreak. Covid assessment screening tools are available on the electronic system and care plans implemented with regular interventions and signed off when resolved. Families were kept informed by phone or email. Visiting was restricted. Visitor health declaration is still continuing at entry to the service.</p> <p>The facility followed their pandemic plan, reported to Public Health, distributed communication, and completed outbreak logs, outbreak meetings and debrief afterwards to improve on `lessons learned`.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each household. Each sluice room has separate handwashing facilities. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is completed off site. There is a laundry in each household where care partners can launder delicate personal items. Dirty linen is delivered to the pickup area via a laundry chute. Clean linen is returned daily on covered trolleys. The linen cupboards were well stocked. Care partners assist to distribute the clean linen to the dedicated linen cupboards and personal clothing to the rooms.</p>

		<p>Personal clothing is barcoded, and name tagged. Personal laundry is delivered back to residents in named baskets.</p> <p>There is housekeeping staff seven days a week. Cleaning and laundry services are monitored through the internal auditing system. The smaller washing machines and dryers are checked and serviced regularly.</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 restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. A senior RN is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the governance clinical body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The NP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit there were no residents using restraint and there have been no restraints in use for over a year. When interviewed the restraint coordinator stated that they like to discuss restraint policy and procedure with residents/whānau before admission, whenever possible.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at</p>

		<p>all staff meetings.</p> <p>Training for all staff occurs at orientation (a handbook) and annually.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>The care manager identified an area for improvement required around residents and whānau experience around end-of-life care. There was collaboration with the care team to understand how service delivery could be improved to ensure an improved experience. The service then actively participated with the local hospice by improving the palliative care pathway within the clinical setting. The initiative begins with a family/whānau meeting, which then produces a plan for the RNs to implement, supported by the local hospice.</p>	<p>There was a process of early identification of residents with palliative care needs to provide care at the right time and place. The palliative pathway documents the care required to meet the residents individual goals needs according to the phases of the illness. The completed care plans were sent to the palliative team for feedback. The palliative care team supported the service to discuss expectations with families/whānau, assist with anticipatory prescribing and assist with the grieving process. Regular meetings between the care staff and with the palliative care team-built capacity and capability for staff to feel comfortable and confident in the care they provide and for RNs to facilitate challenging discussions around end-of-life care. Staff completed training in palliative care, and three RNs completed formal palliative outcome initiative training.</p>

			<p>As a result, there is an established collaborative relationship where advice can be obtained in a timely manner to manage deteriorating trajectories. The email of feedback from the hospice stated there is leadership commitment. The care manager presented reports that evidence 19 care plans were submitted for review since May 2021 to August 2022. Fourteen families have responded to the service to state their satisfaction with the care their relatives were provided during end-of-life stage. The responses were positive around the communication. The end-of-life pathway is embedded into practice and RNs and care partners interviewed stated their confidence in providing care.</p>
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End of the report.