

Geraldine Retirement Village (2009) Limited - Geraldine Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Geraldine Retirement Village (2009) Limited

Premises audited: Geraldine Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 August 2022 End date: 10 August 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 10



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Geraldine Retirement Village is privately owned and managed. Geraldine Retirement Village is certified to provide rest home level care for up to 20 residents within a 10-bed rest home and 10 serviced apartments. On the day of audit there were 10 rest home level residents. A registered nurse and care staff support the owner/manager. Residents and family interviewed spoke positively about the care and support provided.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora South Canterbury. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a nurse practitioner.

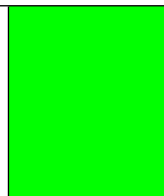
The owner/manager has been in the role for 13 years and is experienced in aged care. A full-time nurse manager supports them.

The service has addressed the previous certification audit findings relating to pandemic planning.

This surveillance audit has not identified any shortfalls.

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.

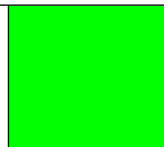
Geraldine Retirement Village provides an environment that supports resident rights and cultural safe care. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The owners are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Services are provided in a manner that considers resident's dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Staff receive comprehensive training on Māori health and awareness at orientation. A Māori health plan is in place.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The owners are actively involved in the management of the daily operations of the facility. A business plan is documented and supported by quality and risk management processes. Systems are in place for monitoring the services provided, including internal audits and meeting minutes. The business plan outlines current objectives. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Staff receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Registered nurse cover is provided Monday to Friday and are also available on call.

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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The service promotes equity of access to their facility through a well-documented entry and decline process. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input. The registered nurse is responsible for each stage of service provision.

The care plans demonstrate service integration; there is a plan in place for the registered nurse to review assessments and care plans six-monthly. The organisation uses a paper-based resident management system. Resident files include medical notes by the nurse practitioner, and allied health professionals.

The activities programme provides a wide variety of activities which include cultural celebrations. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurse and caregivers are responsible for administration of medications and have completed education and medication competencies. The medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the nurse practitioner. Medications are stored securely.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified at admission.

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 has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. Security arrangements are in place in the event of a fire or external disaster. There is a printed up-to-date resident list for evacuation purposes.

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

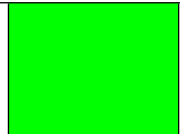
Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and 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.
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The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved.

The infection control coordinator is the nurse manager. There is access to a range of resources and support available from Te Whatu Ora. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Geraldine Retirement Village strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

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	22	0	0	0	0	0
Criteria	0	57	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>Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. There are no residents identifying as Māori at the facility. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Staff receive training on Māori health and awareness and cultural safe practices are part of the orientation handbook. Three caregivers interviewed described practises which are supportive of Māori residents and their whānau should they enter the facility.</p> <p>The owners are committed to supporting the Māori health strategies by reviewing policies and procedures to identify and analyse variances in Māori health (i.e., infection control and adverse events). The nurse manager, who has Māori Whakapapa, acts as cultural advisor. The service supports increasing Māori capacity by providing equal opportunity for Māori applicants through linkages with Arowhenua Whānau Services in Temuka when vacancies are available. There are staff employed at Geraldine Retirement Village who identify as Māori.</p>

		Caregivers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Due to the small number of staff the owner could easily describe staff ethnicity and numbers and has commenced a database.
<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	The owner has close affiliations with Samoan culture and provides insight and knowledge into Polynesian people's culture and has a well-documented Pasifika health plan. The service links with Tupu Aotearoa in Temuka who provide support for Pacific people to gain tools and skills that enable them to thrive. The organisation provides equal opportunities for Pasifika applicants. There were no Pasifika residents at the time of the audit. Cultural training includes training in relation to Pacific Peoples and other cultures. The resource – 'We Do Somethings Differently'- is part of the cultural training and awareness education.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Rights is displayed in English and te reo Māori. Discussions with three caregivers who work morning and afternoon shifts, one owner manager, one nurse manager, one cleaner and one cook confirmed their understanding of Māori rights.</p> <p>The service is committed to supporting Māori mana Motuhake and whānau involvement by supporting residents and whānau to advocate for themselves. Family and resident meetings and surveys ensure residents are able to feedback to the service. The service responds to tāngata whaikaha needs and enables participation in te ao Māori.</p> <p>A Māori and Pasifika health plan and ethnicity policy and procedures are documented and staff complete comprehensive training on Māori health awareness at orientation.</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</p>	FA	All staff receive training in Māori health awareness during orientation. Te Tiriti o Waitangi in-service was completed in November 2020 for all

<p>respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>staff. Training also covered Tikanga practices.</p> <p>There were no residents living at Geraldine Retirement Village who identified as Māori on the day of audit.</p> <p>Four residents interviewed confirmed they are being treated with dignity and respect with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and were able to speak a selection of words in te reo Māori. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Geraldine Retirement Village policies include prevention and zero tolerance to any form of discrimination, coercion, harassment, or any other exploitation. Staff are encouraged to report any issues. The aim of the ethics policy is to ensure that Geraldine Retirement Village complies with the provision of the Human Rights Act 1993 and treats everyone in a manner that respects their right to individual choice. The policy states that no person will be subjected to exclusion, ridicule or be prejudiced as a result of their race or ethnic background, skin colour, sexual orientation, disability, gender, age, or religion. This policy is reinforced in the staff handbook and code of conduct document that all staff are required to read and sign as part of the employment process. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete education on orientation and annually on how to identify abuse and neglect. Staff are educated on how to value the older person including showing them respect and dignity. A strengths-based and holistic model is prioritised in the Māori health plan and there is a specific care plan for Māori to ensure wellbeing outcomes for Māori residents. Four residents and two families interviewed confirmed that the staff are very caring, supportive, and respectful.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines. The service has a policy underpinning Māori cultural principles. The nurse manager has a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting. Cultural training is provided at orientation and as part of the annual training plan.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Complaints forms are located at the entrance to the facility or on request from staff. A secure complaints box is located adjacent to reception. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Advocacy services contact details are also posted for residents and family to see. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been no complaints since the last audit and no complaints received from external providers.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified.</p> <p>Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed</p>

		promptly.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Geraldine Retirement Village is privately owned and managed. Geraldine Retirement Village is certified to provide rest home level care for up to 20 residents within a 10-bed rest home and 10 serviced apartments. On the day of audit there were 10 rest home level residents including two on respite care, two on a Younger Person with Disability (YPD) contract and one in the serviced apartments. All rooms are single occupancy.</p> <p>The service is governed by Geraldine Retirement Village (2009) Ltd who has overall responsibility for planning of company purpose, values, scope, direction, and goals. The mission, philosophy, values, and goals are identified in the quality and risk management plan. There are four shareholders; two of the shareholders act as owners/managers. The two owner managers are actively involved in all levels of service delivery including staff rosters, budget preparation and authorisation, human resources (recruitment and retention), building maintenance and ensure safe standards are met.</p> <p>Organisational performance is aligned with and regularly monitored against the direction and goals. The organisation has effective communication systems and working relationships to deliver coordinated services. There is a governance policy with clearly defined roles and responsibilities.</p> <p>The owner/managers (non-clinical) are supported by a full-time registered nurse (nurse manager) who oversees the clinical operations. The owner/managers are on site four days a week.</p> <p>The owners/managers have experience in aged care and have owned Geraldine Retirement Village since 2009. The nurse manager has been in the role for five years and is suitably skilled and experienced for the role. The owners confirmed their knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. The owners maintain currency through professional networks including Te Whatu Ora and the New Zealand Aged Care Association.</p>

		<p>There is a business plan for 2022. The owners/managers are committed to supporting the Māori health strategies including implementation to assist with identification and analysis of variances in Māori health when demographics of residents allow (i.e., infection control and adverse events) through the Māori Health Action plan. The owner actively sought input from the nurse manager (also cultural advisor) into the Māori Health Action Plan and business planning, quality and risk management, and clinical Meihana Model, to improve Māori health through clinical assessment and review of organisational policy and procedures. The nurse manager provided evidence of clinical outcomes at monthly quality and staff meetings (where the owners are present and invited to). Outcomes for tāngata whaikaha are optimised through a regular clinical assessment and review process. Plans are in place for the owners to attend cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The nurse manager has open communication by phone, email and zoom calls with the owners/managers (when not on site).</p> <p>The owners and nurse manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Geraldine Retirement Village is implementing a quality and risk management programme. Annual quality improvement goals for 2022 are documented and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with one owner, the nurse manager and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures are developed by an external consultant with the owners/managers and nurse manager involvement. Policies are reviewed, modified (where appropriate) and implemented. A range of new policies have recently been developed to meet the Ngā Paerewa 2021 Services Standard. New policies are discussed with staff. The nurse manager (who acts as Māori advisor) reviews all policies,</p>

		<p>procedures and practices to ensure that a cultural lens is applied with a view to improving health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data (eg, skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated, analysed, and benchmarked internally per 1000 bed days. Comprehensive reports are provided. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the nurse manager.</p> <p>Regular family and resident meetings are held with evidence of both residents and families providing feedback. Annual satisfaction surveys (2021) results indicated that families and residents were overall satisfied with all levels of service delivery. Results were shared in meetings and newsletters. An action plan was implemented to address individual comments.</p> <p>Monthly combined quality, health and safety and infection control meetings document comprehensive review and discussion around all areas including: hazards; service improvement plans; emergency processes; complaints; incidents and accident; internal audits; education; and infections. A risk management plan is in place. Monthly staff meetings with caregivers and household staff ensure good communication. The owner/manager is the health and safety representative. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. The hazard register was reviewed and updated in March 2022. Contractors are orientated to the facility's health and safety programme.</p> <p>The owner and nurse manager interviewed understand their statutory responsibilities regarding essential notification with examples provided. There were no section 31 notifications required for 2021 and 2022 (YTD). There have been no outbreaks since the previous audit.</p>
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		The service collects ethnicity data during the resident's entry to the service.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Position descriptions reflect expected positive behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio. The service supports and encourages caregivers to obtain an NZQA qualification.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Toolbox talks are held when required at handovers. The service has been working to embed cultural values in their mandatory training programmes.</p> <p>There is a staffing rationale policy that include staff skill mix, staffing levels and includes a procedure for replacing and increasing staff on short notice (eg, when a resident's acuity changes). This might include palliative care or part of pandemic planning. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. Interviews with residents and families confirmed staffing overall was satisfactory.</p> <p>The service communicates any changes to staffing levels/changes to residents formally through regular resident and family meetings and informally through daily activities.</p> <p>Each owner/manager spends two days per week on site (total of four days cover) and provides on call for non-clinical and building maintenance issues.</p> <p>The nurse manager is rostered Monday to Friday from 8 am to 5 pm and provides on-call clinical support and implements the activity programme (12 hours per week Monday to Friday).</p> <p>There were 10 residents at rest home level of care.</p> <p>AM: two caregivers (one from 7 am to 3.30 pm and one from 8-11 pm (this changes to 7 am-12 pm over weekend).</p> <p>PM: one caregiver 3 pm-11 pm and one from 4 pm- 9 pm (to provide</p>

		<p>tea meal service and assist with fluids and hydration).</p> <p>Night: One caregiver 11 pm to 7 am</p> <p>There are separate cleaning staff.</p> <p>Ongoing training is offered to all staff. The service provides face to face training at monthly staff meetings and has used guest speakers as needed. Additional training is also provided through toolbox talks. A competency programme is in place. Core competencies have been completed (medication, restraint, insulin, manual handling), and a record of completion is maintained. The caregivers are encouraged to undertake aged care education (Careerforce). Currently there are nine caregivers: five with either level three or four NZQA and two working on completing level three. Cultural orientation and training are provided, and the service supports people's right to speak their own language and practice within their culture.</p> <p>Staff are encouraged to participate in learning opportunities around health outcomes and disparities, and health equity. There is a comprehensive cultural folder available with resources available for staff to read.</p> <p>Training for clinical staff is linked to external education provided by Te Whatu Ora. Registered nurse specific training viewed included wound care and first aid. There is one RN (nurse manager) employed who is also interRAI trained. There is a casual registered nurse that can be called upon to assist.</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</p>	<p>FA</p>	<p>There is a staff training and orientation policy. A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports the RN and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>their role.</p> <p>Five staff files reviewed (three caregivers, one nurse manager, one cook) included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the workbook, including clinical competencies, evidenced signatures of completion within 90 days. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service has commenced the collection of ethnicity data.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes including required documentation. The nurse manager keeps records of how many prospective residents and families have viewed the facility. The report does not currently include ethnicity but will include ethnicity specific to Māori moving forward.</p> <p>The service identifies links to Māori health providers within the Māori and Pasifika health plan and ethnicity awareness policy and procedure. The service continues to develop meaningful partnerships with Māori communities through Arowhenua Whānau Services to benefit Māori individuals and to support whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	<p>FA</p>	<p>The documentation policy includes care planning, interRAI, progress notes guidelines, nursing assessment, social and activities plan and guides staff around admission processes and timeframes. The organisations model of care is to promote independence and resident centred care within a homely environment.</p> <p>There is a Māori and Pasifika health plan and ethnicity awareness policy that supports Māori constructs of Oranga. There is an</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>assessment plan for Māori that ensures a process to support Māori and whānau to identify their own pae ora outcomes in their care and support plan.</p> <p>There are a suite of policies around clinical aspects of care supporting tāngata whaikaha including (but not limited to): continence; challenging behaviour; pain; personal hygiene; intimacy and sexuality; skin/wounds; fall prevention; oral and dental care; spirituality/cultural; grief; and social. The service ensures tāngata whaikaha and whānau participate in service development.</p> <p>Five resident clinical files were reviewed including one on respite care and one younger person with disability (YPD) resident. All other residents were on an aged related residential care contract (ARRC). The younger person had an initial care plan and long-term care plan in place. The care plan documents links to the community. The resident interviewed stated they are supported to maintain their routine and the service support them to go out into the community.</p> <p>A registered nurse completes an initial assessment and care plan on admission, with relevant risk assessment tools including (but not limited to): falls risk; pain; pressure injury; skin; continence; cognition; sensory; and nutritional assessments.</p> <p>Initial care plans for long-term residents reviewed were evaluated by the registered nurse within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the resident care plans. Other available information such as: discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are also included in the residents' file. The interRAI assessment links effectively to the long-term care plan.</p> <p>The care plans reviewed in hard copy resident files, were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement, including; podiatrist; physiotherapist; dietitian; speech and language therapist; mental health services; and psychogeriatric services. Short-</p>
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		<p>term care plans are developed for short term and acute issues including current infections, wounds, weight loss, or recent falls.</p> <p>Care plans had been evaluated and documented the progress towards the goals at least six-monthly. Residents interviewed confirmed that they participate in the care planning process and review. The NP has reviewed residents three-monthly. Residents and whānau interviewed confirmed they participated in care planning and decision making. The nurse manager interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>The nurse manager interviewed had knowledge of the four cornerstones of Māori health 'Te Whare Tapa Whā.' Care plans include the physical, spiritual, whānau, and mental health of the residents.</p> <p>The service contracts with a nurse practitioner (NP) that provides medical services to residents. The NP visits when required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service.</p> <p>The NP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. All NP notes are integrated into the clinical file. There is a physiotherapist available as required and they provide staff education including manual handling.</p> <p>Residents interviewed reported their needs were being met. When a resident's condition alters, the registered nurse initiates a review and if required the NP visits. The resident satisfaction survey completed in August 2021 shows a high satisfaction rate related to care.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were no current wounds at the time of audit. The district nurse and NP have input into chronic wound management (when required).</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be</p>
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		<p>accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, weight, fluid balance recordings and charts were implemented according to the care plan interventions.</p> <p>Relatives are invited to attend NP reviews, and if they are unable to attend, they are updated of any changes. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the progress notes and family notification sheet.</p> <p>Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained and entered by the caregivers and the registered nurse. The RN further adds to the progress notes if there are any incidents or changes in health status.</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>	FA	<p>The registered nurse (nurse manager) works full time and has been at the facility for eight years, and also implements and oversees the activities programme.</p> <p>Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. This is also displayed on the noticeboards around the facility.</p> <p>The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori including ensuring that te reo Māori and Tikanga Māori are actively promoted and included in the activities programme. The service does not currently have any Māori residents.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	FA	<p>Policies and procedures are in place for safe medicine administration including roles and responsibilities, management of medication, storage, and disposal. Medications are stored safely in a locked trolley. The internal audit schedule includes medication management.</p> <p>The registered nurse and medication competent caregivers administer medications, and all have completed medication competencies annually. All medication blister packs are checked on delivery against</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>the medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There were no residents self-administering medications on the day of the audit. The registered nurse advised that the NP prescribes over-the-counter medications. All medication errors are reported and collated with quality data. There were no standing orders.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit.</p> <p>Ten paper-based medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The NP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One medication competent caregiver was observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. The cultural folder includes guidelines for the provision of cultural safe services for Māori.</p> <p>The nurse manager described working towards partnership with Māori residents (if any) to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</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</p>	<p>FA</p>	<p>The four-weekly seasonal menus have been approved and reviewed by a registered dietitian (November 2020) and is reviewed on a two-yearly basis. The menu is distributed to the residents weekly, allowing a choice of meals. The cook consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests. The catering cook advised that they could prepare cultural</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>foods including choice of Māori foods.</p> <p>The cook was interviewed on the day of audit and advised they receive resident dietary profiles and are notified of any dietary changes for residents from the RN or caregivers. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The nurse manager interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A copy of the advance directives, advance care plan (where available), medication chart, and a transfer report is included in the transfer documentation. A verbal handover is provided. The nurse manger/RN updates caregivers on new admissions regarding care and support requirements, as observed on the day of audit during handover. Referral to other health and disability services is evident in the resident files reviewed.</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>The service is certified for 20 single occupancy beds. The facility is approximately 24 years old. There is a current building warrant of fitness that expires 1 June 2023. The rest home has ten single rooms, and these are divided into two areas. There are ten serviced apartments. Shared communal areas are between the rest home and apartments.</p> <p>There are no immediate new additions or redevelopment planned, however the owner advised future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>An approved fire evacuation plan is in place that has been approved by the New Zealand Fire Service (10 August 2000). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment.</p> <p>Visitors and contractors sign in at the entrance and residents also sign out when they leave the facility. Visitors are instructed to press the doorbell for assistance.</p> <p>The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to): outbreak management; vaccinations; apron usage; communicable diseases, and hand hygiene. Policies and the infection control plan are developed by an external consultant in partnership with the owners/management.</p> <p>The infection prevention and control staff will in future, participate with Māori for the protection of culturally safe practice and have available all policies and educational resources in te reo (Influenza- Māori fact sheet) and acknowledge the spirit of Te Tiriti.</p> <p>The infection control coordinator is the nurse manager who collates, analyses, and summarises the data. The owners are part of the monthly combined staff/infection control meetings where the infection control report is presented and discussed. The organisation has close liaison with the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection control coordinator described utilising the MOH website and Te Whatu Ora for information as needed.</p> <p>The site-specific outbreak management, isolation and segregation plan are a suite of policies and procedures available to staff to guide</p>

		<p>them around safe practices and visiting requirements according to the traffic lights (COVID-19 Protection Framework) which is available for all staff. The finding at the previous audit related to NZS 8134.1:2008 criterion 3.3.1 has now been achieved.</p> <p>Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p> <p>All staff and residents have been vaccinated. Personal protective equipment is ordered through the MOH, and stock balance is maintained to support any possible outbreak. Staff are completing daily rapid antigen tests (RAT).</p> <p>The service has isolation kit packs set up which is readily available if any resident tests positive to Covid. Hand sanitiser is readily available. Rapid antigen tests (RAT) are requested to be completed on site for visiting contractors. All staff and visitors are required to wear a mask at all times while in the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The antimicrobial usage policy, MRSA and multidrug resistant policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the surveillance sheet which is used to develop monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Benchmarking occurs against industry key performer data/1000 beds.</p> <p>Outcomes are discussed at the combined infection control, quality, health and safety and staff meetings. Education is completed to address infection trends for the month with specific goals to improve outcomes. A monthly report is prepared which is accessible to the owners/managers who also attend meetings. The service is planning to incorporate ethnicity data in surveillance reporting.</p>

		<p>There had been one resident Covid -19 exposure event recorded in April 2022 which had been appropriately documented, a short-term care plan developed and regular testing at noted intervals occurred. There was a lesson learned meeting as part of the following quality meeting.</p> <p>All staff and residents have received the required Covid-19 vaccinations.</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 minimisation policy confirms that the service is committed to remain restraint free. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while exploring alternative measures.</p> <p>No residents were using restraints at the time of the audit. The restraint coordinator (nurse manager) interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.