

Udian Holdings Limited - Glencoe Resthome

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Udian Holdings Limited
Premises audited:	Glencoe Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 December 2022 End date: 9 December 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:	14

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

Glencoe Rest Home is one of two facilities owned by this owner. Glencoe Rest Home provides rest home level care for up to 15 residents. There were 14 residents receiving care at time of audit. Residents and families spoke very positively about the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora Counties Manukau (Counties Manukau). This audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and a general practitioner.

There is one area identified for improvement related to the review of the annual infection control plan.

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.
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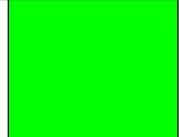
Policies are in place to support residents' rights, communication, and protection from abuse. The service complies with the Code of Health and Disability Consumer Rights (the Code). Care plans accommodate the choices of residents and/or their family/whānau.

Cultural and spiritual needs are identified and considered. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Principles of mana motuhake practice were evidenced in service delivery.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Consent is obtained where and when required. Residents are safe from abuse. Residents and family/whānau receive information in an easy-to-understand format, felt listened to and were included in making decision. Advance directives are followed wherever possible.

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

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.
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The facility manager/owner/director assumes accountability for delivering a high-quality service. This includes honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

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

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

Ngā huarahi ki te 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 entry to service process is efficiently managed. There is a paper-based system for entry to services. Residents are assessed before entry to the service to confirm their level of care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions are appropriate and evaluated by the RNs as per policy requirement.

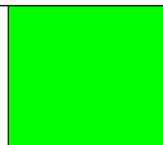
The service provides planned activities that meet the needs and interests of the residents, as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

A safe medicine management system is in place. The general practitioner is responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

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



Subsections applicable to this service fully attained.

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

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

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

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.

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

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. Suitably qualified personnel lead the programme.

Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention. This is guided by relevant policies and supported through education and training.

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

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. The infection outbreaks reported since the previous audit were managed effectively.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The facility has a commitment to a 'non-restraint policy and philosophy'. This is supported by the facility manager/owner/director, policies and procedures. There were no residents using restraints at the time of audit. The front gate to the property is kept closed and residents and family are given the code to open and sign applicable consents at admission in relation to this. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	153	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Glencoe Rest home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. Currently there are two residents that identify as Māori. There are currently no staff employed that identify with Māori culture. The facility Manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies (when they arise) would be employed if appropriate for the applied role.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>Glencoe is supported by policies that reference the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020 – 2025 and other</p>

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>published documents.</p> <p>Glencoe Rest home identifies and works in partnership with the residents Pacific families to provide a Pacific plan that support culturally safe practices for Pacific peoples using the service. Pacific people's residents and family interviewed felt their worldview, cultural and spiritual beliefs were embraced. There are three residents and two staff who identify as Pasifika. Residents are encouraged and participate in cultural activities within the facility and out in the community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training, as verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and Māori languages were posted on notice boards around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) pamphlets and the Code are provided to residents and family/whānau. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by involving residents, family/whānau or their representative of choice in the assessment process to determine residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	FA	<p>Residents and family/whānau confirmed being involved in the assessment and care planning process where they are provided with opportunities to share what is important to them as individuals, including their identity and cultural values and beliefs. Services are provided in a manner that has regard for residents' privacy, dignity, confidentiality, and preferred level of interdependence. Residents have individual rooms. Staff have received education on the English</p>

<p>experiences.</p>		<p>version of the Treaty of Waitangi. The FM stated that education on Te Tiriti o Waitangi (Māori version) will be included in the annual education plan for next year.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities. Tangata whaikaha needs are responded to as assessed and residents are supported to participate in te ao Māori as desired. Examples were provided where residents are supported to do karakia as desired. Residents expressed satisfaction with the support provided in relation to their culture. Māori cultural advice is accessed through Te Whatu Ora (Counties Manukau) and whānau where appropriate. Staff were observed supporting residents in a respectful manner.</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>Professional boundaries, code of conduct, misconduct, discrimination, and abuse and neglect information is included in the staff employment handbook. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect and exploitation. Residents confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission. An assessment plan for residents who identify as Māori is completed on admission and guidelines for the provision of culturally safe services for Māori are used to complete care plans for Māori residents.</p> <p>The FM stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimisation; these include the complaints management processes, residents' meetings and satisfaction surveys. The service is planning to implement a system to monitor systemic and institutional racism.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents, family/whānau and legal representatives are supported to make informed decisions as required. An opportunity to discuss any concerns they may have, provided either during admission or whenever required. This was confirmed in interviews with residents and family/whānau. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the FM. Residents, family/whānau and legal representatives expressed satisfaction with communication and the response to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>Information provided to residents, family/whānau or legal representatives is mainly in the English language. However, the FM stated that information can be accessed in other languages if required. Interpreter services can be accessed if required. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow. Communication with other agencies and allied health providers involved in residents' care was evidenced in residents' records.</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>Staff understood the principles and practice of informed consent. Best practice tikanga guidelines in relation to consent and the Code are used in obtaining consent. Informed consent was obtained as part of the admission documents which the resident and family/whānau or their nominated legal representative signed on admission. Staff were observed to gain consent for daily cares. Resuscitation treatment plans and advance directives were available in residents' records.</p> <p>Residents confirmed being provided with information and being involved in making decisions about their care. Where required, a nominated support person was involved with the resident's consent. The RNs reported that residents can be offered a support person through the advocacy services when required. Communication records verified inclusion of support people where applicable.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Residents and families interviewed understood their right to make a complaint and felt comfortable to do so if needed.</p> <p>There have been three complaints since the previous audit. These complaints were managed by the facility manager/owner/director in a timely manner with evidence showing the complainant was happy with the outcomes.</p> <p>There has been one complaint received from Te Whatu Ora (Counties Manukau) in relation to family members concerned about visitor restrictions and appropriate staffing. Glencoe Rest home completed a corrective action plan, changes were made to their processes. The complaint was closed by Te Whatu Ora (Counties Manukau) on the 20 June 2022. No complaints have been received from the Health and Disability Commissioner (HDC) or Ministry of Health (MoH) since the last audit.</p> <p>The complaints management system has not been reviewed to ensure this works effectively for Māori. The facility manager/owner/director expressed that support would be offered and put into place if required.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>The facility manager/owner/director (governing body) of Glencoe Rest home assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> - defining a governance and leadership structure. - identifying the purpose, value, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals.

<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>- demonstrating leadership and commitment to quality and risk management.</p> <p>The facility manager/owner/director confirmed knowledge of the sector, regulatory and reporting requirements, maintains currency within the field and has worked at the facility since Glencoe Rest home was purchased. The facility manager/owner/director attends all monthly staff meetings. A sample of meeting minutes showed adequate information to monitor performance including clinical and quality aspects.</p> <p>The facility manager/owner/director is on site most days and available on call after hours for non-clinical matters. Two registered nurses (RN) job share, provide a 24 hour on call service and are at Glencoe Rest home four days a week (Friday, Saturday, Sunday, Monday). Both RNs are interRAI trained, hold current practicing certificates and are experienced in aged care.</p> <p>The facility manager/owner/director has attended cultural safety training, however, not specific to Te Tiriti o Waitangi. Training on equity has not occurred as noted in the training records reviewed. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated. Interviews with residents and families confirmed that they are very happy with the cultural aspects of care and support provided.</p> <p>There were 14 residents at the time of audit. The facility holds contracts with Te Whatu Ora (Counties Manukau) for Rest home level of care and includes - Housing and Recovery Services Day time/Awake Night support, Aged Related Residential Care, Community Residential Respite services and long-term support – Chronic Health conditions.</p> <p>All 14 residents have been assessed as requiring rest home level of care and were receiving services under the contract Aged Related Residential Care Contract. One resident has an additional individual contract for Housing and Recovery Services Day time/Awake Night support. One resident was on leave from the facility. An email evidenced Te Whatu Ora (Counties Manukau) had been notified as the resident had been away for longer than 21 days. One resident is</p>
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		currently being assessed as potentially requiring hospital level of care. There were no residents under the age of 65 or boarders.
<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>Glencoe Rest home has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient and staff satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections. Residents, whānau and staff contribute to quality improvement occurs through regular meetings. The facility manager/owner/director is responsible for implementation of the quality and risk system with the assistance of the registered nurses.</p> <p>The facility manager/owner/director described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. There are a range of internal audits that are completed as per a yearly schedule. Audits have been completed and corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Staff are advised of quality and risk information via the staff meetings and at handover of shifts. Meeting minutes showed evidence of good discussions regarding infection prevention, training topics, hazards, incidents, policy and procedure changes. Glencoe Rest home is yet to complete a critical analysis of their practices aimed to improve health equity with the facility.</p> <p>Glencoe Rest home is currently organising a resident survey. There was a staff satisfaction survey in August 2022. Nine of nine surveys were returned. There was 100% staff satisfaction. A Corrective action was developed and signed off ensuring that all new staff at the</p>

		<p>time completed the relevant training required.</p> <p>There has been no section 31's since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid and food hygiene certificate and are medication competent. A registered nurse is on call and available to come in as required outside of their rostered shifts. A contracted podiatrist, hairdresser and maintenance team support the service and visit regularly. Bureau is not used at this facility.</p> <p>There is a caregiver on each eight-hour shift whose roles include that of a caregiver, cook and housekeeper. The facility manager/owner/director is on site Monday to Friday and available on weekends as and if required. The activities co-ordinator works Monday to Friday 9.00am – 1.00 pm. Two registered nurses (RN) job share, provide a 24 hour on call service and are at Glencoe Rest home four days a week (Friday to Monday from 7.00am – 3.00pm). Both RNs are interRAI trained, hold current practicing certificates, and are experienced in aged care.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Three of the six care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora (Counties Manukau). Two new care staff are within their initial orientation and one staff member is due to retire. Records reviewed demonstrated completion of the required training and competency assessments. The facility is working towards providing training and competencies regarding equity.</p>

		Staff reported feeling well supported and safe (including culturally) in the workplace. The facility manager/owner/director interviewed confirmed that they have an open-door policy. Employment Assistance Programme (EAP) services will be discussed at the next staff meeting and pamphlets provided to ensure staff are aware of external support if ever required.
<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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There are job descriptions available. Records of professional qualifications are on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported. Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff interviewed confirmed they felt well supported especially in relation to the national COVID - 19 pandemic and commented that Glencoe Rest home provides a homely family environment of which they feel part of and proud of. Any incidents are discussed, and all staff are encouraged to contribute.</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>The service uses paper-based residents' information management system. All necessary demographic, personal, clinical and health information, including ethnicity data was completed in the residents' files sampled for review. Progress notes were current, integrated, legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records were held securely in a locked cupboard in the office. Residents' information is held for the required period before being destroyed.</p> <p>Glencoe Rest home is not responsible for National health Index registration of people receiving services.</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 entry criteria is clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>The entry to service policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. The service maintains a record of the enquiries. Work is in progress to implement routine analysis of entry and decline rates that include specific data for entry and decline rates for Māori. The service has links with local Māori communities to benefit Māori residents and whānau through the activities programme. The general practitioner (GP) confirmed that access to Māori health practitioners and traditional Māori medicines will be provided as required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The RNs complete admission assessments, care planning and evaluation of care plans. The admission assessments and care plans sampled were developed within 24-48 hours of an admission in consultation with the residents and family/whānau where appropriate. There are two trained interRAI assessors and all interRAI assessments were current. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs. Cultural guidelines and the Māori health plan were used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Strategies to maintain and promote the residents' independence, wellbeing, and</p>

	<p>where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Behaviour assessments and management plans that included identified triggers were completed for any identified behaviours of concern. Any family/whānau goals and aspirations identified were documented in the care plans. Residents are supported to access traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia if desired. Staff confirmed they understood the process to support residents and whanau.</p> <p>The Māori health care plans sampled for review included Māori healing methodologies, such as karakia, mirimiri and rongoā. Resident's preferred cultural customs, values and beliefs were included using Te Whare Tapa Wha model of care. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora and enables tāngata whaikaha to have choice and control over their supports. The staff confirmed they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori health plan used to guide care and the FM reported that these will be eliminated as required. Residents and family/whānau for residents who identify as Māori confirmed that their cultural needs are being met.</p> <p>Medical assessments were completed by the general practitioner (GP) within two to five working days of an admission. Routine medical reviews were completed three monthly. More frequent reviews were completed as determined by the resident's condition where required. Medical records were evidenced in sampled records. Any changes in residents' health were escalated to the GP. Referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The GP expressed satisfaction with the care provided to residents.</p> <p>The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated and closed off when acute condition resolved. The evaluations included the residents' degree of progress towards achievement of the agreed goals and aspirations as well as whānau</p>
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		<p>goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>The care plans evidenced service integration with other health providers including medical and allied health professionals. Notations were clearly written, informative and relevant. Residents, family/whānau and legal representatives confirmed being involved in the assessment and care planning process.</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 activities coordinator (AC) provides the activities programme five days per week. The weekly activities programme is posted on notice boards around the facility.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social history assessment form that is completed with input from residents and family/whānau. Residents' participation in activities is monitored and recorded daily. Residents' activity plans are evaluated six monthly and when there is a significant change in the resident's ability. This was evident in the records reviewed.</p> <p>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Community activities on the programme includes outings with families, volunteer groups who visit residents, and van trips. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi and Matariki celebrations with Māori art completed by residents. Other activities included exercises, news updates, bowls,</p>

		<p>card games, music and 'happy hour'. Community initiatives that meet the health needs, aspirations of Māori and whānau and participation in te ao Māori include visits by a local Māori group and Māori music played during music sessions. Daily activities attendance records were maintained.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. A paper-based medication management system is used. The RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines are prescribed by the GP. The GP confirmed that over the counter medication and supplements will be documented on the medicine charts per resident's request and where appropriate. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication cupboard and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room</p>

		<p>sampled were within the recommended range. There were no controlled drugs kept on site. No residents were prescribed any controlled drugs. Facilities are available to store controlled drugs securely in accordance with requirements if required.</p> <p>Residents and their family are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be provided where applicable. There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional requirement form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>The food is prepared on site by caregivers and is in line with recognised nutritional guidelines for older people. The caregivers have received the required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian in November 2022. Residents who choose not to go to the dining room for meals had meals delivered to their rooms. Cooking activities are provided as part of the activities, for example cupcakes decorations.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry for Primary Industries. The</p>

		<p>current food control plan will expire in May 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Snacks and drinks were available for residents on a 24-hour basis.</p> <p>Residents' weights are monitored monthly by the clinical staff and any identified weight issues were managed appropriately with referrals made to the GP where required and additional supplements were provided where required. The FM reported that menu options for residents who identify as Māori and other cultures will be offered when requested. Culturally specific to te ao Māori food options such as sea food, hangi, and kumara were prepared for residents who identify as Māori. Whānau/family are welcome to bring culturally specific food for their relatives. Residents who identify as Māori expressed no concerns with the meals provided.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Confirmation of residents' satisfaction with meals was verified in interviews.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and Whānau/family or legal representatives. Whānau/family and legal representatives reported being kept well informed during the transfer of their relatives where applicable. The FM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p> <p>The FM reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, included referrals to the eye specialists, neurologists,</p>

		geriatrician, and mental health team.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness with an expiry date of 16 March 2023 is on display in the main corridor. Testing and tagging of electrical equipment are current as are the calibration and safety checks of biomedical equipment. Hot water temperatures are safe, and a maintenance schedule is upheld.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>There are a total of 14 bedrooms (13 individual bedrooms and one double room). The double room is spacious and has curtains to maintain privacy as required around the beds. Each bedroom has a wash hand basin, soap, and paper towels dispensers. There is a heater in each bedroom and an external window. All bedrooms are personalized by the residents. The residents have access to a lounge and adjoining dining room which is heated by a heat pump which includes the corridor. The lounge and external door provide access to an outside deck and garden that provides outside seating with shade. There are handrails along the corridor walls and in the bathrooms and toilets. There is one bathroom with a shower, toilet and wash hand basin. Recently an existing toilet and wash hand basin has been renovated to now include a shower (no external structural changes were required) and is now in use. Furthermore there are three toilets, a locked laundry, cleaners' cupboard, medication room, kitchen and separate staff toilet.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. The facility manager/owner/director confirmed that should any building alterations or new builds be required consultation will be sought from Māori staff and residents.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>A fire evacuation trial was last completed on the 17 November 2022. The fire evacuation plan has been approved by the New Zealand Fire Service, 30 November 2015.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Security checklists were sighted as signed off for each shift. Staff ensure that building is locked, and windows are closed during the afternoon and night duties with rounds occurring regularly.</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 prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and is linked to the quality improvement system and discussed at the monthly staff meetings. The general practitioner provides initial support and advice.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested with the recent Covid-19 outbreaks. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>PA Low</p>	<p>The FM and the RN are the infection control coordinators who oversee and coordinate the implementation of the IP programme. The</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>infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinators have appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. There was no evidence of annual review of the IP programme.</p> <p>Staff have received education in IP at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in the records sampled.</p> <p>The infection control coordinators are involved in procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora (Counties Manukau). The FM stated that they will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Currently there was a bathroom under renovation and the infection control coordinators were involved in the planning process.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The decontamination and disinfection policy guides staff practices. Regular infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and caregivers working in the kitchen, were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The cultural safety policy includes culturally safe practices in infection prevention. The RNs stated that residents who identify as Māori are consulted on IP requirements as needed with the support of the</p>
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		<p>whanau/kaumatua if required, to acknowledge the spirit of Te Tiriti. In interviews, staff understood these requirements. There were no educational resources in te reo Māori on the days of the audit. However, the RNs were aware that these can be obtained through the MoH website.</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 AMS programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The programme is appropriate for the size, scope, and complexity of the service. The service has an antibiotic prescribing policy to guide the use of antimicrobials. The policy in use aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity).</p> <p>Monthly records for infections including evidence of monitoring the types and quantity of antimicrobial prescribing and administration were maintained. The infection control coordinators stated that occurrence of adverse effects is monitored and reported as required. There were no adverse events in relation to antimicrobial usage recorded since the previous audit.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Surveillance records did not include ethnicity data.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Results of the surveillance programme are shared with staff and reported back to the FM regularly.</p> <p>Residents were advised of any infections identified and family/whānau or legal representatives where required, in a culturally safe manner. This was confirmed in progress notes sampled and</p>

		verified in interviews with residents and family/whānau. There were three infection outbreaks reported since the previous audit which were managed effectively with appropriate notification completed. The fourth infection outbreak was reported at the end of the first day of the audit. Appropriate infection prevention measures were implemented promptly.
<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>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely in a locked room.</p> <p>Adequate PPE supplies were available in the laundry and cleaning cupboard. Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations and in interviews with staff.</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>	FA	<p>Maintaining a restraint free environment is the aim of the service. The facility manager/owner/director demonstrated commitment to this. At the time of audit there were no restraint used and this has been the case since prior to 2021. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</p> <p>Environmental restraint was acknowledged for the front gate which is kept locked for safety purposes as the rest home is on the corner of two main roads. A bell system for entry is present at the front gate. The keypad code to obtain entrance is also written on the keypad outside the gate. A push button is used to open the gate from the inside. One of the external doors to the rest home also has keypad exit. The code is written on the adjacent keypad. The door and gate are reported to be linked to the fire alarm and automatically open if the fire alarm is activated.</p>

		<p>Consent was obtained in relation to the locked gate from all residents/family/whanau on entry to the service. An instruction sheet was sighted, and consent forms were signed appropriately in all sampled files. Family members and residents interviewed verified there were no restrictions on residents going outside or accessing the community. When residents are leaving the facility staff provide them with a pocket card which has a copy of the code and contact details of the facility. Staff assist residents mobilising outside as required. The family members advised they were given the code to the gate when their family member was admitted.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The IP policies were developed with input from external IP services. They reflected the requirements of the standard and are based on current accepted good practice. The IP programme was approved by the governance body and is linked to the quality improvement programme. IP is part of the agenda in staff meetings that are held monthly. The FM reported that the annual review of the IP programme was completed. However, documents to evidence this were not available.	There was no evidence of an annual review of the IP programme.	<p>Ensure the IP programme is reviewed annually as per standard requirements and organisational policy.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.