

Experion Care NZ Limited - Albany Home and Hospital

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:	Experion Care NZ Limited
Premises audited:	Albany Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 December 2022 End date: 13 December 2022
Proposed changes to current services (if any):	Add hospital- medical level care to their current certificate
Total beds occupied across all premises included in the audit on the first day of the audit:	16

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

Albany Home and Hospital is owned by Experion Care Limited and provides rest home and hospital level care for up to 25 residents. On the day of the audit, there were 16 residents.

This unannounced surveillance audit was conducted against a subset of the relevant Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand- Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff, and the general practitioner.

The facility manager is experienced and is supported by the owner. Feedback from residents was positive about the care and the services provided. An induction and competency programme are in place to provide staff with appropriate knowledge and skills to deliver care.

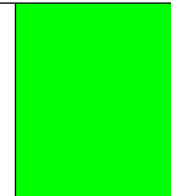
The service has addressed seven of the eight shortfalls identified at the previous audit around: policy updates; meetings; staff recruitment processes and orientation; medication management; menu requirements; and emergency systems.

The previous shortfall around maintenance remains ongoing.

This surveillance audit identified further shortfalls around the satisfaction surveys, staffing, and review of the infection control programme.

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.



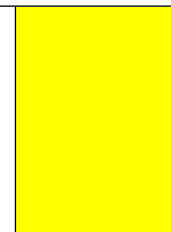
Subsections applicable to this service fully attained.

Albany Home and Hospital provides an environment that supports resident rights and safe care. A Māori health plan is in place and the service is working towards developing a Pacific health plan and developing relationships. The service recognises Māori mana motuhake and implements a strengths-based holistic model of care.

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.



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

The business plan includes a mission statement, values, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff. Internal audits, meetings, and collation of data that have been completed were well documented with corrective actions documented as required.

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

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.
---	--	--

The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident electronic files included medical notes by the general practitioner and visiting allied health professionals.

The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities and meets the needs of individual residents. The activities coordinator is developing relationships to ensure residents can participate in te ao Māori.

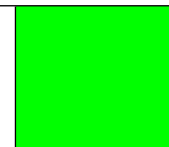
Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers are responsible for administration of medicines and complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, cultural and dietary requirements are identified at admission and accommodated. All meals are cooked on site.

Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care.

Te aro ki te tangata me te taiao haumarū | 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.

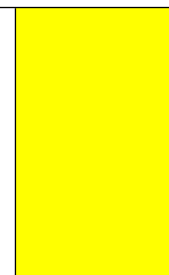


Subsections applicable to this service fully attained.

There is a current building warrant of fitness displayed. Reactive and preventative maintenance occurs. There is a current approved fire evacuation plan in place and the facility is secure at night.

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.

There are policies implemented around infection control. Adequate supplies of personal protective equipment were sighted. Surveillance data is collated analysed and reported at all facility meetings. The staff adhere to culturally safe practices in relation to infection control. There has been one outbreak since the previous audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There are policies documented around restraint minimisation. All staff have completed restraint minimisation competencies. There were no residents using restraint during the audit.

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	15	0	3	0	0	0
Criteria	0	40	0	3	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>Experion Care Limited have organisational cultural policies to guide staff around culturally safe practices. The cultural policy states “we believe people should be treated equally, regardless of their difference in culture and so therefore believe that the concepts of partnership and equity embodied in Te Tiriti o Waitangi will be respected in all aspects of healthcare, management, staff appointment and services offered”. The facility manager could easily describe how they support all applicants through the employment processes. There are currently no staff who identified as Māori employed at Albany Home and Hospital. Throughout the organisation (Experion Group), there are staff who identify as Māori, including one facility manager.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	Not Applicable	<p>Experion Care Limited have a suite of cultural policies and procedures to guide staff around providing culturally safe care to residents who identify as Pasifika. They are working on developing relationships with local Pacific communities in the district. Experion utilise an external quality</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>consultant who develops all policies and is working on developing a Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The cultural policies/procedures sighted identified how the service support Māori mana motuhake. A review of care plans evidenced a resident-centred approach and resident and relative/whānau input into care planning choice/independence. Interviews with four residents (two hospital and two rest home), and three relatives/whānau (two rest home and one rest home), and staff (two registered nurses, three caregivers, one activities assistant, one cook and one maintenance) stated the service promotes resident's independence and autonomy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>Not Applicable</p>	<p>The caregivers interviewed described how they support residents to choose what they want to do and understand what Te Tiriti o Waitangi means to their practice. It is expected that residents identifying as Māori will experience physical, spiritual, mental, and emotional wellbeing and have control over their own destinies/outcomes. Staff interviewed could describe how they focus on this for all residents.</p> <p>A training session around cultural awareness, which is to include the Treaty of Waitangi and te ao Māori, is scheduled for the week following the audit. The service is working towards responding to tāngata whaikaha needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>Albany House policies are focussed on preventing any form of discrimination, coercion, harassment, or any other exploitation. A code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process. These were signed and evident on staff files reviewed. All staff interviewed</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>described a team working culture. Staff have received training around workplace bullying and zero tolerance of this.</p> <p>Interviews, care plans and relevant policies reviewed demonstrated how the service implements a strengths-based and holistic model which focuses on wellbeing outcomes for all residents, as well as Māori residents. All residents and relatives/whānau 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, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</p> <p>There were Clinical Order Articulating Scope of Treatment (COAST) forms evident in resident files reviewed, which evidence discussion with residents around advance care planning. There are accompanying resuscitation forms completed indicating residents' decisions or medically initiated decisions made around resuscitation. These are reviewed annually where appropriate with the GP.</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 available in English and te reo Māori. This is provided to residents and relatives/whānau on entry to the service and is part of the welcome pack. Information regarding independent support and access to the Nationwide Health and Disability Advocacy Service was available at the entrance of the facility.</p> <p>The facility manager keeps a record of written complaints, actions taken, and resolution, for all complaints received (verbal and written); however, this has only been in place since May 2022 (when the current facility manager was appointed). The previous complaint register has not been located.</p>

		<p>The register evidenced a total of three written complaints. The complaint, acknowledgement, investigation, response, and resolution were evident in the complaints folder. Complaints are dealt with in accordance with the timeframes set out by the Health and Disability Commissioner. There have been no complaints received from external agencies.</p> <p>The facility manager stated that they address concerns as they arise and has received few complaints. Staff are informed of verbal and written complaints in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents confirmed they can raise any concerns they have with the RNs or manager. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held where residents can raise any concerns with the facility manager. The relatives and residents interviewed all stated they felt comfortable discussing any issues with the registered nurses and/or manager. All are approachable and have an open door.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Albany Home and Hospital is part of the Experion Care New Zealand Limited (EC) group. Albany Home provides rest home and hospital level (geriatric) care for up to 25 residents. On the day there were 16 residents: 13 rest home and 3 hospital, including one resident on an accessibility contract (however, the service is not currently certified for hospital medical). All remaining residents were on the age-related residential care (ARRC) contract.</p> <p>There are 20 rooms certified to provide rest home and hospital care and five rooms designated to provide rest home level care only.</p> <p>This audit also verified the facility as suitable to provide hospital medical level of care. The service is supported by GPs from the two local practices, and have access to allied health services; however, at the time of the audit, there was insufficient RNs to provide 24-hour cover (link 2.3.1).</p> <p>The facility manager is a registered nurse (RN) and has experience in management in the aged care sector. They have been in the role since June 2022. The facility manager is supported by the director who resides between New Zealand and India, a trainee clinical lead (RN), a RN, one</p>

		<p>casual enrolled nurse, and a team of experienced caregiving and non-clinical staff. The facility manager provides regular emails and has regular phone calls to the director who currently resides overseas.</p> <p>The director was interviewed and describes the service as multi-cultural, with staff employed throughout the group from a wide range of nationalities.</p> <p>The annual business quality and risk plan includes identifying and minimising any barriers to equitable service delivery for Māori and tāngata whaikaha, by seeking feedback from residents and relatives using the service. This is done through resident meetings and satisfaction surveys (link 2.2.2). The service aims to work alongside residents and relatives/whānau to ensure they have input to care planning, monitoring, and evaluation of service delivery. The business plan documents a commitment to identifying external and internal risks and opportunities and develop a plan to respond to them. At the time of the audit, the service is working towards meeting these goals.</p> <p>The director described attending resident meetings and engaging with residents and relatives when on site, to gain feedback around barriers for all residents, including those with disabilities, to reduce barriers and provide equitable care. The director plans to attend cultural training to ensure competence.</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>	<p>PA Low</p>	<p>Albany Home and Hospital has a quality and risk management programme developed by an external consultant. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data; however, there was no evidence of this occurring prior to June 2022. Since June 2022, all of the internal audits have been completed as per the schedule. Where there were any non-compliances, these audits have been recompleted on a regular basis until full compliance is reached. Corrective actions are completed for all non-compliances, these have been signed off by the facility manager on completion.</p> <p>Plans are included in the business quality and risk plan around</p>

	<p>benchmarking and critical analysis of data to improve equity of services. This has not yet been implemented. An education session has been planned around cultural safety, and provision of equitable services to ensure a high-quality service is provided for Māori.</p> <p>Monthly data is collated for all key performance indicators, results are analysed and discussed at staff meetings.</p> <p>Facility meetings including staff, leadership registered nurse, kitchen and nightshift meetings have been held on a regular basis since June 2022. No documentation of meetings held prior to June 2022 could be located. Meeting minutes evidence discussion of quality data, internal audits, and corrective actions. The previous finding (NZS 8134:2008 criteria #1.2.3.6) around timeliness of meetings has been addressed.</p> <p>There was no evidence available of any resident or relative satisfactions held since the previous audit. The facility manager plans to send out satisfaction surveys early in 2023.</p> <p>The Experion Group utilise an external consultant to provide up-to-date policies. All policies have been updated to align with the Ngā Paerewa 2021 Standard. The previous shortfall (NZS 8134:2008 criteria #1.2.3.4) around the review and updating of policies, including restraint policies, has been addressed.</p> <p>A health and safety system is in place with the general manager as the health and safety officer. Hazard identification forms and an up-to-date hazard register was sighted. The facility manager and maintenance person implement health and safety policies. There are manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Ten accident/incident paper-based forms reviewed indicated that the forms are not always completed in full. Incident and accident data is collated monthly and analysed. Results are discussed in the leadership and staff meetings. There was evidence of timely follow up by a registered nurse and neurological observations had been completed as per policy and reviewed by the registered nurse. Incident reports were completed for all episodes of challenging behaviour, including when residents abscond, and where there are altercations. Section 31 notifications have been made appropriately and the facility manager could describe appropriate situations where Section 31 notifications would be sent. The Section 31</p>
--	---

		<p>notifications and the incidents reports reviewed were completed and followed up appropriately. The GP and family are involved in decision making around referrals to the mental health service and needs assessment team appropriately for change in level of care.</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>PA Low</p>	<p>There is a staffing policy that describes rostering. At the time this audit was undertaken, there was a significant workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. The current roster provides insufficient and appropriate registered nurse coverage for the effective delivery of care and support and fails to meet contractual requirements. Weekly Section 31 notifications have been sent to HealthCERT to notify them of this situation.</p> <p>Interviews with staff confirmed that although they are very busy, overall staffing of caregivers is adequate to meet the needs of the residents. The facility manager reports staffing overall has been stable since the new manager arrived in June 2022; however, there continues to be a shortage of registered nurses.</p> <p>The facility manager (RN) is available Monday to Friday and provides on-call cover. The trainee clinical lead (RN), and the RN are rostered morning and afternoon shifts. The two RNs share on-call cover over the weekends. The service utilises the virtual nursing service. The facility manager and two RNs attend the facility after hours if non oral drugs need to be administered.</p> <p>The RNs are supported by two caregivers on the morning shift: 1x 7.45 am to 4 pm and 1x 7.45 am to 1 pm.</p> <p>The afternoon shift has one caregiver rostered from 1.30 pm to 9.30 pm, and 1x 3.45 pm to midnight.</p> <p>Night shift is covered by two senior caregivers from 11.45 pm to 8 am. At least one of these caregivers is a senior caregiver with a medication competency, a first aid certificate, and where possible has completed level 4 health and wellbeing New Zealand Qualification Authority (NZQA) qualification. All caregiving staff have completed comprehensive training around utilising the virtual nursing service for clinical advice when required. The virtual nursing service documents notes in the electronic</p>

		<p>medication system, as sighted during the audit. There are separate cleaning staff. Caregivers assist with laundry duties.</p> <p>There is an education planner documented. Since June 2022, an extensive list of education sessions has been held, all staff have completed required training with further sessions booked till the end of 2022. Cultural training was booked for the week following the audit. Competencies have been completed around: fire; manual handling and hoists; restraint; infection control, including handwashing; and donning and doffing of personal protective equipment.</p> <p>Three caregivers hold a level four qualification based on their years of experience working in aged care. Another caregiver is an overseas qualified RN working as a caregiver until NZ registration is validated. One caregiver has completed level 3 NZQA and is in the process of completing level 4. A further six caregivers are in the process of completing level 3.</p> <p>All three RNs (including the facility manager) are interRAI competent. Registered nurses have access to external training through hospice and Te Whatu Ora Southern.</p> <p>A range of health information is shared during staff meetings. Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</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</p>	FA	<p>A register of practising certificates is maintained. Five staff files reviewed included evidence of the recruitment process, reference checking, police checks, signed employment contracts and job descriptions. Registered nurse positions including the infection control coordinator and the restraint coordinator had signed job descriptions on file for these positions. The previous shortfall (NZS 8134:2008 criteria 1.2.7.3) around employment processes has been met.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>orientation. 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 their role. Orientation documentation was fully completed and on file for three members of staff, and education files reviewed evidenced all current staff have completed all compulsory training sessions. The previous shortfall (NZS 8134:2008 criteria 1.2.7.5) has been met. Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service has commenced gathering 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>Not Applicable</p>	<p>The service does not currently collect ethnicity information from individual residents at the time of admission. The facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The facility manager reported they are working towards establishing links to local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.</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>Five resident files were reviewed: two rest home and three hospital, including one resident on an accessibility contract. The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. The service provides equitable opportunities for all residents and will support Māori and whānau to identify their own pae ora outcomes in their care or support plan, in the same way they do for their current residents. There were no barriers for residents or families accessing information or supports from multidisciplinary services as required.</p> <p>All residents had a range of assessments completed including appropriate risk assessments and the interRAI assessment. Outcomes of assessments were included in the long-term care plan. Long-term care plan interventions were individualised and reflected many of the resident's needs and preferences. However, not all care plan interventions reflected all current needs, and not all cultural preferences were identified in the five files reviewed. Routine care plan reviews were completed in a timely</p>

	<p>manner and included progression towards meeting goals. Tāngata whaikaha and whānau are fully involved in the development of their care plan, how much support they need and goal setting.</p> <p>There are two GP practices in the township. Both are contracted to attend regular three-monthly reviews and acute visits as required. The GP interviewed stated RN referrals to their service were timely and they visit acutely unwell residents as required. All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once a week and provides out of hours cover. The GP (interviewed) commented positively on the quality of nursing at the facility within the constraint workforce. Specialist referrals, including physiotherapy, are initiated as needed. Allied health interventions were documented and integrated into care plans. The service provides a physiotherapist as required by referral and the podiatrist visits regularly. Specialist services including mental health, dietitian, wound care, and a continence specialist nurse, are available as required through Te Whatu Ora Southern. The service does not currently utilise Te Ara Whakapiri. There were no palliative residents on the day of the audit. The GP reported the service managed end of life care well.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Paper-based progress notes are written every shift and as necessary by caregivers; however, RN progress notes were not always documented in accordance with best practice guidelines. The RNs are documenting in progress notes if there were any incidents or changes in health status, or GP visits.</p> <p>Residents and relatives interviewed reported their needs and expectations were being met. When a resident's condition changes, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau interviewed stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the record.</p> <p>Current wounds included one resident with three community acquired pressure injuries (one stage II, and two stage IV). Each wound had an individual wound assessment, wound management plan and written</p>
--	--

		<p>evaluations. Progress and evaluation were completed each dressing change. Photographs were taken of the wound to evidence progression towards healing. The wound care specialist has reviewed the wounds and remains in regular contact via email (correspondence sighted). There were no other wounds on the day of the audit.</p> <p>Adequate supplies of wound care products and pressure prevention resources were sighted. Incontinence products are available and resident files included a continence assessment, with continence products identified for day use and night use.</p> <p>Caregivers and the nurses complete monitoring charts, including: bowel chart; vital signs; weight; food and fluid chart; blood sugar levels; and behaviour on the paper-based forms as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury, as per policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Not Applicable</p>	<p>Residents who are immobile have the opportunity to attend activities and have access to one-on-one activities as they choose. One resident who is immobile stated they choose not to be included in any activities and prefer to spend time in their room watching movies, tv and listening to music. The activities assistant had recently been appointed and is working towards establishing Māori connections in the local community to enable residents to participate in te ao Māori. The activities coordinator is working towards providing residents with access to the community. There is a car available to take residents out, and a van that can be hired for resident outings. The activities coordinator plans to reinstate resident outings in the near future. There are a range of visitors and a music group that come to the facility.</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</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Registered nurses and medication competent caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been included in the education planner. The registered nurses have completed syringe driver training.</p> <p>There is an electronic management system in place. Staff were observed</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>	<p>to be safely administering medications. The registered nurses and caregivers interviewed could describe their role, responsibilities, and limitations regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>The 10 electronic randomly selected medication charts reviewed evidenced documented allergies, and current identification photographs. There was no transcribing of medications, and the GP has reviewed all medication charts at leads three-monthly. A review of the controlled drug register evidenced weekly checks by medication competent staff (including an RN) and six-monthly quantity stock checks by the pharmacist and the facility manager. The metal-controlled drug cupboard is bolted to the wall in a secure cupboard in the facility. Medications are appropriately stored securely in the locked medication trolley and medication cupboard. Due to the size and layout of the facility, there is nowhere else to securely locate the storage of medications. There is a dedicated medication fridge in the dedicated drug storage cupboard in the facility. The medication cupboard and fridge temperatures are routinely checked and are within acceptable limits. The previous shortfalls related to medication management (NZS 8134:2008 criteria 1.3.12.1) have been addressed. All eyedrops have been dated on opening. All over-the-counter vitamins or alternative therapies chosen to be used by residents, have been reviewed, and prescribed by the GP. There is a checklist of residents 'as required' medications, and stock and expiry dates are checked weekly by the registered nurse. The GP and pharmacy are alerted of low stock. All 'as required' medications reviewed on the electronic medication charts had indications for use documented. All medications were signed for once administered. A corrective action is in place and reviewed on a weekly basis around staff documenting indications for use. Results of the weekly audits evidenced almost full compliance. Staff are kept up to date with compliance results and reminders via group texts. All medications were prescribed by a GP.</p> <p>There is a policy in place for residents who request to self-administer medication. At the time of audit, two rest home level residents were self-administering inhalers. Both residents had competencies in place, which were reviewed three-monthly by the GP. The inhalers were stored safely in the resident's rooms. No standing orders are used, and no vaccines are</p>
--	--

		<p>kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. Over-the-counter medication is considered during the prescribing process and nutritional supplements are documented on the medication chart. The registered nurses described how they work in partnership with all residents to ensure the appropriate support is in place, advice is timely, 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 needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The seasonal four-week menu has been reviewed by a dietitian in 2021 and in 2022. The previous shortfall (NZS 8134:2008 criteria 1.3.13.1) has been addressed. Kitchen and care staff interviewed understood basic Māori practices in line with tapu and noa. The chef interviewed stated they do their best to accommodate any requests from residents, and can provide requests such as boil ups.</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>There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services. The service utilises the 'yellow' envelope transfer documentation system. A comprehensive transfer form is completed. Resuscitation documentation and medication chart with allergies documented are included in the transfer documentation provided.</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>A current building warrant of fitness is displayed. Testing, tagging and calibration of all equipment has taken place in August 2022. All equipment that failed the test has since been replaced or fixed; however, not all equipment sighted on the day was functional. Therefore the previous shortfall (NZS 8134:2008 criteria 1.4.2.1) is ongoing. Hot water checks are completed throughout the facility, and temperatures reviewed were within acceptable ranges. A range of essential contractors are available as needed.</p> <p>The environment supports resident's cultures and preferences. Resident rooms are adorned with their personal belongings.</p> <p>The management interviewed stated there are no plans for building or major refurbishments; however, they are aware of their obligation to consult with Māori to ensure aspirations and identity are included. This would be done in consultation with Māori staff and whānau.</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>The service has an approved fire evacuation plan in place dated 29 July 2022. Fire drills are completed on a six-monthly basis (documentation and staff attendance record sighted). The previous shortfall (NZS 8134:2008 criteria 1.4.7.1) has been addressed.</p> <p>The facility is secure in the evenings, 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</p>	<p>PA Low</p>	<p>There are policies documented around outbreaks and management of a pandemic and a Covid response plan. Staff have received training around Covid-19, donning and doffing of personal protective equipment and infection control practices, and could describe the management of an outbreak within the facility. There are outbreak kits readily available and adequate supplies of personal protective equipment in the store.</p> <p>There is an infection control programme which has been implemented; however, there has been no annual review completed for 2021.</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The service is working towards providing information to staff and residents relating to infection control in te reo Māori. Staff across the service could all describe practicing in a culturally safe manner in relation to infection control, including laundry and cleaning practices, as observed during the audit. Culturally safe practices are identified in policies.</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>A monthly analysis of the data is completed and reported. All resident infections are documented on an individual infection log and entered onto the monthly log. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. Outcomes are discussed at facility meetings. The service is planning to incorporate ethnicity data in surveillance reporting.</p> <p>There has been one outbreak since the previous audit (April 2022). Te Whatu Ora Southern provided support in the management of the outbreak. The infection control specialist from Te Whatu Ora Southern made recommendations following a visit to the facility, which have all been actioned. The service maintained daily contact with Te Whatu Ora and the Public Health team, updating them of the outbreak, including numbers of residents and staff affected (correspondence sighted). Communication was maintained with residents and families/whānau throughout the outbreak.</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 policy states the service is “committed to the process of working towards a ‘restraint and seclusion free’ environment in which people’s dignity and mana motuhake are maintained”. The policy statement states Albany House “is committed to the principals of restraint elimination and ‘restraint free’ environments through the implementation of alternatives to restraints”. The director and facility manager interviewed stated the aim for the service is to remain restraint free.</p> <p>There have been no residents using restraints in 2022 year to date. The restraint coordinator (facility manager) could easily explain processes and appropriate documentation required, including consent. A register is in place. There are no residents using restraint. Restraint would only be considered as a last resort when all other avenues had been exhausted.</p>

		<p>Staff have completed a restraint competency, and during discussions could easily provide examples of types of restraint. If restraint was to be used, this would be reviewed on a regular basis, closely monitored, and reported through all meetings and to the directors.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	There have been regular staff meetings held since June 2022, evidencing good discussion of quality data with staff, including internal audit corrective actions and progression towards completion. Internal audits have all been completed since June 2022 (catch up programme) and many have been re-audited to ensure compliance where areas of non-compliance were identified. An up-to-date complaints register has been implemented; however, there was no evidence of satisfactions surveys being completed since the previous audit.	Satisfaction surveys could not be located for 2020, 2021, or 2022 (year to date).	<p>Ensure residents and relatives have the opportunity to provide feedback around all aspects of the service.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times</p>	PA Low	Due to the national workforce shortage across the aged care sector, there is insufficient RN cover to meet the hospital component of the ARRC contract with Te Whatu Ora clause D17.3 e i-viii. Currently the registered nurses live within close proximity to the	The service cannot provide RN cover 24 hours a day, across seven days, to meet the requirement of the ARRC contract with Te	Ensure a registered nurse is engaged to meet the requirements of the ARRC contract clause D17.3 e i-viii.

<p>to provide culturally and clinically safe services.</p>		<p>facility and share being on call after hours. The service utilises the virtual RN service. All staff have attended comprehensive training around this, as evidenced in training records and through interviews with the facility manager, caregivers and RNs. All caregivers are involved in handovers at the beginning of each shift. In instances where non regular controlled medications are required to be administered, caregivers clearly explained the processes involved with the virtual RN and video calls so the RN could witness the process with the caregiver on duty. In instances where subcutaneous medications are administered, the RN on call attends the facility to administer the medication. There are currently three registered nurses employed, including the facility manager and one enrolled nurse. All caregivers rostered on shifts without an RN are experienced and have achieved level 4 NZQA qualifications, all are medication competent, and have first aid certificates. One senior caregiver is an internationally qualified RN awaiting New Zealand registration. Section 31 notifications are completed on a weekly basis to update MOH of RN coverage.</p>	<p>Whatu Ora Southern.</p>	<p>90 days</p>
<p>Criterion 5.2.2 Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported</p>	<p>PA Low</p>	<p>There is a suite of current infection control policies available for staff. The infection control policies and implementation of the programme has been approved by the owners. The programme is linked to the quality systems and data is consistently collated, analysed, and reported at facility meetings, and is included in the managers' report; however, an annual review was not evidenced as occurring for 2021.</p>	<p>There was no evidence of an annual review of the infection control programme for 2021.</p>	<p>Ensure the infection control programme is reviewed at least annually. 90 days</p>

on annually.				
--------------	--	--	--	--

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.