

Discover Oasis Limited - Concord House Rest Home

Introduction

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

The audit has been conducted by 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:	Discover Oasis Limited
Premises audited:	Concord House Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 January 2023 End date: 20 January 2023
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:	12

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

Concord House provides services for rest home level care for up to 15 residents. There were 12 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff, and the general practitioner.

The owner is the manager and has owned Concord House for six years and is supported by an experienced registered nurse. There are quality systems and processes implemented. A stable team of skilled caregivers, the registered nurse and non-clinical staff support the management team.

Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

This certification audit identified the service meets the intent of the standard.

The service has been awarded a continuous improvement rating in relation to falls prevention.

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.

Concord House provides an environment that supports resident rights and safe care. They embrace Māori culture, beliefs, traditions and te reo Māori. Staff demonstrated an understanding of residents' rights and obligations. The service works to provide high-quality and effective services and care for all its residents. There is a Māori and Pacific health plan in place. Māori and Pacific advocates are available to residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Services and support are provided in a way that is inclusive and respects the residents' identity and their experiences. Staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The business plan includes a mission statement, values, and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems are in place to meet the needs of residents and

staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of data were all documented as taking place as scheduled, with a corrective process implemented where applicable. Health and safety processes are in place, led by the owner/manager. Health and safety is a regular agenda item in all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy. Safe staffing levels are provided. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service promotes equity of access to their facility through a well-documented entry and decline process. There is admission information available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and is responsible for each stage of service provision. The care plans demonstrate service integration. There is a plan in place for the registered nurse to review assessments and care plans on the resident's six-month anniversary. The organisation uses an electronic based resident management system. Resident files include medical notes by the general practitioner and allied health professionals.

The activities assistant and caregivers provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

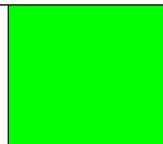
Medication policies reflect legislative requirements and guidelines. The registered nurse and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and is reviewed at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

All food and baking are prepared and cooked on site. Residents' food preferences, dietary and cultural requirements are identified on admission. A dietitian has reviewed the menu annually. The menu meets the required nutritional values.

Transfers and referrals are made in coordination with residents and families.

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

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

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

Subsections applicable to this service fully attained.

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

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

Covid-19 response plans and a pandemic plan are in place and the service has access to personal protective equipment and supplies. There has been one Covid-19 exposure event in July 2022. This was appropriately reported and effectively managed.

Chemicals are stored securely in the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Concord House strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan and orientation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Concord House has embraced Māori culture, beliefs, traditions and te reo Māori. This is embedded in practice not only for potential residents and their whānau but also for staff (recruitment and retention). The Māori health plan has been written with Māori consultation. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service had no residents who identified as Māori at the time of the audit.</p> <p>Concord House is committed to respecting the self-determination, cultural values, and beliefs of their residents and family. Evidence is documented in the resident care plans and observed in practice. A comprehensive Māori assessment plan is ready when needed that informs the care plan.</p> <p>The aim of Concord House is to build a workforce that can confidently and competently apply tikanga Māori to enable them to support tāngata whenua residents and their whānau; to incorporate tikanga into daily practice; to ensure policies and procedures meet Ngā Paerewa Health and Disability Services Standard 2021; and to</p>

		<p>assist in health equity for all. The owner (manager) stated that they support increasing Māori capacity by employing more Māori applicants when they apply for employment opportunities as stated in their Māori health plan. At the time of the audit, there were no staff members who identify as Māori. Staff interviewed confirm they feel supported by the owner.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific health plan in place. The owner has identified a Pacific caregiver to consult with and to liaise with local Pacific groups to facilitate advocacy services. This ensures connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people, and to assist in developing individual care plans for Pacific residents to improve wellbeing outcomes.</p> <p>On admission all residents state their ethnicity. There were no residents that identify as Pasifika. There is a process developed for when a Pacific resident is admitted, the resident's whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Four residents and two relatives interviewed confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected. The owner described how the equitable employment process helped to increase the capacity and capability of the Pacific workforce.</p> <p>Interviews with the owner and five staff (one registered nurse, one caregiver, one activities coordinator, one cook, one cleaner/laundry person), and documentation reviewed identified that the service place residents and family at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and families. The registered nurse and owner discuss aspects of the Code with residents and their family on admission.</p> <p>The Code is displayed in multiple locations in English and te reo</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>Māori.</p> <p>Discussions relating to the Code are held during individual resident's welfare discussion meetings that occurs with each resident at least once a month. Family is also invited. Residents and relatives interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are available. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The caregiver and registered nurse interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control and choice over which activities they participate in.</p> <p>The staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Monthly resident /family feedback from resident's individual welfare meetings documents resident's satisfaction with the service. Results confirmed that residents and families are treated with respect. This</p>

		<p>was also confirmed during interviews with residents and families.</p> <p>There is one double room occupied by a married couple. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Gender and sexuality are respected.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are accessible and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Staff cultural competencies include assessing their understanding of te reo Māori. The Pacific caregiver had learned phrases in Mandarin and Cantonese to communicate with residents. This was observed during the audit.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Concord House policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity in the workplace. Staff rules are discussed during the new employee's induction to the service, with evidence of staff signing the rules document within their contracts. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of</p>

		<p>injustices through policy and the house rules.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the RN and caregiver confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have enduring power of attorney for finance and wellbeing documented in their files (viewed). Residents have property documented and signed for on entry to the service. Residents and family have written information on resident's possessions and accountability management of resident's possessions within the resident's signed service level agreement.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of all staff wellbeing, with the aim to improve outcomes for Māori staff and Māori residents. This aligns with the Māori health plan.</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>Information is provided to residents and family on admission. Individual monthly resident welfare meetings identify feedback from residents and follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Residents are asked for their consent before adverse event data is passed to family/enduring power of attorney (EPOA). Accident/incident forms reviewed identified family are kept informed following consent by the resident (if able). This was confirmed during interviews with relatives.</p>

		<p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who speak Mandarin and Cantonese and did not speak or understand English; however, staff and management could speak Mandarin and Cantonese.</p> <p>The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora Te Toka Tumai Auckland specialist services. The delivery of care involves a multidisciplinary team approach. Residents or the EPOA provide consent and in regard to services involved. The RN described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and relatives interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails, phone calls and resident welfare meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney. Consent forms for Covid and flu vaccinations were also on file where appropriate. Consents are present, included sharing of health information, sharing information between services, display photographs and outings. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy and process.</p> <p>Advance directives for health care, including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed unable to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Copies of enduring power of attorneys (EPOAs) were available on residents'</p>

		<p>files.</p> <p>Admission agreements had been signed and sighted for all the files seen.</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. Discussion with relatives identified that the service actively involves them in decision making processes.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The owner maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically.</p> <p>No complaints have been received in 2022. On interview, the owner and the RN were able to describe the complaints process and that documentation including follow-up letters and resolution were to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff are informed of any feedback from residents and family received (and any subsequent corrective actions), would be included in quality/staff meetings and minutes if a complaint occurred.</p> <p>Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility and can be handed in. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident individual welfare meetings are held monthly where concerns can be raised. During interviews with relatives, they confirmed the owner and RN are available to listen to concerns and act promptly should issues arise. Residents and families making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The owner acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Concord House provides rest home level of care for up to 15 residents. At the time of the audit there were 12 residents. One resident was funded by ACC and the remaining residents were under the age-related residential care (ARRC) contract at rest home level.</p> <p>Concord House is family owned. The owner has completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua through Te Whatu Ora- Te Toka Tumai Auckland which reflects in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The owner and RN meet at least weekly to discuss any management or clinical changes. A monthly reporting process from quality and risk data is entered into the electronic resident management system for monitoring incidents, adverse events, restraint use, infections, and care plan timeframes.</p> <p>Concord House annual business plan 2023 has clearly identified their mission, services, and values which link to their strategic direction and goals are regularly reviewed with outcomes documented. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Concord House are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities coordinator and owner support residents to maintain links with the community. Satisfaction surveys and resident meetings provide opportunities for residents, relatives and tāngata whaikaha to provide feedback around all aspects of the service to improve health outcomes.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the meetings that take place across the organisation.</p> <p>The owner has owned the facility since 2016. The registered nurse</p>

		<p>has extensive experience in aged care and has worked at Concord House for five years. They both have maintained at least eight hours of professional development activities, each related to their respective roles.</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>FA</p>	<p>There is a documented business plan. Concord House is implementing quality and risk management programmes. This includes performance monitoring through internal audits, residents feedback satisfaction results and through the collection, collation, and analysis of clinical indicator data. Benchmarking occurs against other New Zealand aged care facilities. Results are discussed in the facility meetings, and at handover. The service has developed their own electronic system which includes quality data, internal results, and the resident files, which assists with critical analysis of all areas of the service to improve resident outcomes.</p> <p>Facility meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the owner or RN when achieved. Meeting minutes and quality results data are provided to staff electronically and are available in hard copy. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Staff have completed cultural training to ensure a cultural safe service is provided for Māori.</p> <p>Information and feedback from the resident and family individual welfare meetings are collated for the satisfaction survey. Feedback indicates that both residents and family have high levels of satisfaction with the services being provided. Results have been communicated to residents in resident welfare meetings. Corrective actions are implemented to improve on any specific comments.</p> <p>There are procedures to guide staff in managing clinical and non-</p>

	<p>clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. Review of policies provide a critical analysis of practice to improve health equity. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety representative is the owner who has attended external health and safety training. Health and safety notices are posted on a noticeboard. Hazard identification forms and an up-to-date hazard register were sighted. Two new hazards have been identified in 2022. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. The hazard register was last reviewed in December 2022. Staff incidents, hazards and risk information is reported to the owner. Health and safety is a regular agenda item in staff monthly meetings.</p> <p>Electronic reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Each event involving a resident, triggers a clinical assessment and the timely follow up by the registered nurse. Family/whānau are notified following incidents, unless the resident requests that they not be informed.</p> <p>Discussions with the owner evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required in 2022. There was one Covid 19 exposure outbreaks in July 2022. This was appropriately notified.</p> <p>The service has been awarded a continuous improvement around falls prevention.</p>
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<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 staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a first aid trained staff member on duty 24/7 and on outings.</p> <p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The owner works full time and is available at all times as they live in the lower level of the facility. The RN works between four to eight hours a week, depending on assessments and care planning reviews required. Both the owner and the RN provide on-call cover. Every shift has a caregiver with a current first aid certificate and is medication competent.</p> <p>There is an annual education and training schedule being implemented, both inhouse and online. The education and training schedule lists compulsory training. Caregivers and the RN receive training as per the training schedule. Staff complete training as part of their orientation and ongoing. Topics include (but are not limited to): infection control; cultural awareness; chemical safety; emergency management, including (six-monthly) fire drills; personal protective equipment training; and hazard reporting. Staff are encouraged to complete New Zealand Qualification Authority qualifications. Currently there are two caregivers who have achieved the level 4 qualification and one caregiver is an overseas trained RN working as a caregiver. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The RN and caregivers complete annual cultural competencies. Staff confirmed that they were provided with resources during their cultural training and competencies to learn about te Tiriti o Waitangi, the meaning of mana motuhake and addressing inequities.</p> <p>RN competencies cover medication administration and controlled drug administration.</p> <p>External training opportunities for care staff include training through Te Whatu Ora Te Toka Tumai Auckland and hospice. The RN has</p>
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		<p>completed interRAI training.</p> <p>If agency staff are used, their orientation covers health and safety and emergency procedures (clinical and non-clinical). Staff wellness is encouraged through participation in health and wellbeing activities. Staff are supported through the annual appraisal, debriefing and external agency wellbeing support when required.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the owner's office in a locked cabinet. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who have been employed for over one year have had an annual performance appraisal.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
Subsection 2.5: Information	FA	Resident files and the information associated with residents and staff

<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>		<p>are retained and archived. Electronic information is regularly backed-up and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented, include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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>	FA	<p>There is an information folder available for all prospective residents/whānau. The admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. This details all admission and declining entry information. Prospective residents/whānau are kept informed of any decisions. On the occasions where entry is declined reasons are provided, and the prospective resident and family are referred back to the referrer. All residents entering the service have been assessed by the needs assessment service coordination service. The owner keeps electronic records of how many prospective residents and families have viewed the facility, admissions and declined referrals. The report includes ethnicity details.</p> <p>The service is strengthening meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my</p>	FA	<p>Five resident clinical files were reviewed, including the resident funded by ACC. The RN completes an initial assessment and care plan on admission, including relevant risk assessment tools. Initial care plans for long-term residents reviewed were evaluated by the</p>

<p>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>registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident care plans. The interRAI assessment links effectively to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds, weight loss, or recent falls are documented electronically and signed off when resolved. The resident funded by ACC had initial assessments, and a long-term care plan in place.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. Residents and whānau interviewed confirmed that they participate in the care planning process and review. The GP has reviewed residents three-monthly. The RN interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>The registered nurse (RN) interviewed had a good knowledge of care being delivered based on the four cornerstones of Māori health 'Te Whare Tapa Whā'.</p> <p>The service contracts with a local medical centre whose general practitioner (GP) provides medical services to residents. The GP visits three-monthly. New admissions and residents needing more frequent review are seen at the GP practice. The GP takes after-hours calls for advice, any serious concerns go to hospital. The GP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. A physiotherapist and podiatrist are contacted as required. The facility contracts a chiropractor who visits three times a week to assist residents with their mobility and to give gentle massage. The facility has recently purchased a massage chair, feet</p>
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		<p>vibrator and massage gun for the residents' health and enjoyment.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in residents' progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a visit to the GP practice or referral to nurse specialist consultants.</p> <p>There are currently no wounds or pressure injuries. Adequate dressing supplies were sighted in treatment cupboards. Wound management policies and procedures are in place.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weights; neurological observations; vital signs; turning schedules; and fluid balance recordings. Monitoring charts were implemented according to the care plan interventions. Incident reports reviewed evidenced timely follow up and investigation by the RN. Any opportunities identified to minimise future risks were identified and implemented.</p> <p>The owner and registered nurse reported they routinely invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in resident's files and on interview with family. There are currently no Māori residents; however, any barriers that would prevent whanau of tāngata whaikaha from independently accessing information are identified and strategies to manage this is documented. The service would support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Caregivers interviewed advised that when they sign in at the start of a duty an electronic handover occurs, and this maintains a continuity of service delivery. Progress notes are maintained electronically by the caregivers and/or the RN after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
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<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>There is one activities assistant who works four hours a week. Caregivers participate in the activities programme which runs seven days a week. The weekly activities programme is displayed on a whiteboard in the lounge.</p> <p>The RN completes a social/leisure assessment on admission for all residents which informs the activity plan for each resident. The activity plan is reviewed at least six-monthly or earlier as required. Activity attendance records are maintained. The planner has one-on-one activities such as walks, hand and nail therapy, reading, and sensory activities. On the day of audit residents were observed going for walks, listening to music, and watching TV. The facility has Chinese TV channels available.</p> <p>The facility has one cat and pet therapy (canine companions) occurs fortnightly. Church services are available, and residents are supported to attend their own church. Van outings have been curtailed due to Covid but are starting again. There are visiting groups such as school children and entertainers. The activities assistant takes those residents able out for walks to the local shops and parks. There is one resident who goes home to her daughters daily. One resident likes to help staff by putting out the rubbish and collecting the mail. There are celebrations such as Christmas, Easter, Anzac Day, Matariki and Chinese New Year. Te ao Māori signage and access to learning is available to residents and staff. Local marae contacts are available when needed.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked cupboard. The registered nurse and medication competent caregivers administer medications. All medico packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent, and the safe storage of medications. There was one resident self-administering medications on the day of the audit. All processes on managing residents who self-medicate have</p>

		<p>been completed. The registered nurse advised that the GP prescribes over-the-counter medications. All medication errors are reported and collated with quality data. Medication internal audits are completed six-monthly.</p> <p>The medication fridge and cupboard temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit. There are no standing orders.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One medication competent caregiver was observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. The owner and RN described working in partnership with all residents and whānau to ensure the appropriate support is in place, advice is timely, 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>	<p>FA</p>	<p>The cook has received in-house food safety training. Caregivers assist with meal service and have received food handling training. The cook consults directly with residents to gain feedback of the food services and adjusts the menu if there are any special requests. The facility has mainly Asian residents and the menu reflects this. When interviewed, the kitchen manager stated that he could cater for different cultures (including Māori and Pacific Island) when required. The menu has been reviewed by a dietitian in January 2023.</p> <p>There is a current food control plan which expires on 22 June 2023.</p> <p>The cook advised they receive resident dietary profiles and are</p>

		<p>notified of any dietary changes for residents from the RN or owner. The residents have a nutritional profile developed on admission, which identifies cultural and dietary requirements, likes, and dislikes. The cook is also notified of any resident's weight loss and can provide extra protein or supplementary drinks as prescribed. Review by a dietitian is requested if required.</p> <p>Food temperatures, fridge and freezer temperatures are recorded electronically and are all within safe limits. Food is served directly from the kitchen to the dining room, there is a pleasant ambience in the dining room.</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>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' transfer documentation system. A copy of the advance directives, medication chart and a transfer report are included in the yellow envelope. A verbal handover is provided. This was evidenced during the audit when a resident was transferred to hospital following a fall outside the rest home. The registered nurse and owner updates caregivers on new admissions regarding care and support requirements during handover. Referral to other health and disability services is evident in the resident files reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>The facility is all on one level with a basement office space underneath. There are stairs to the basement; these are not accessible to residents. There are two wings (east and west). There is one double room shared by a married couple. They do not wish to use privacy curtains/screens; however, these are available if required. There is one room which has a toilet and handbasin, all other rooms share communal toilets and showers. There are</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>adequate numbers of accessible bathrooms and toilets throughout the facility. Appropriately secured and approved handrails are provided in the toilet/shower areas and other equipment/accessories are available to promote residents' independence. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. There is a spacious lounge and a dining room adjacent to the kitchen. East wing has a covered deck area which is accessible from the dining room. At the end of west wing doors open onto a small, covered deck area and there is safe access to a spacious garden.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a good standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 7 July 2023. The service has a part-time maintenance person and part-time gardener. There are essential contractors who can be contacted as required. Maintenance requests are completed on the electronic management system and checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water temperature checks are completed regularly throughout the facility and are within expected ranges. There is electric heating (ceiling in lounge and dining room). Resident's room temperatures can be changed as required.</p> <p>Although there are no current plans to expand the building, the owner is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p>
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<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>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to complete a safe and timely evacuation of the facility in the case of an emergency. Emergency management is included in staff orientation and ongoing as part of the education plan. There is always a person on duty with a first aid certificate.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly (December 2022). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service has adequate resources, including food and water to last for at least two weeks. There is a gas cooker with bottle. All supplies are checked six-monthly.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. There is external security lighting.</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 RN undertakes the role of infection control coordinator to oversee infection control and prevention across the service and is supported by the owner. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the owner. Documentation review evidence a Covid-19 outbreak in July 2022 was immediately escalated to the owner. There is an infection control committee that meets monthly. Infection rates are presented and discussed at staff</p>

		<p>meetings and collated in a report by the owner. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Te Toka Tumai Auckland if required. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator (RN), the owner, the GP, and the Public Health team.</p> <p>Visitors are asked not to visit if unwell. All staff, visitors and contractors are required to wear masks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations.</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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator is the RN who has been in the role for four years. Te Whatu Ora Te Toka Tumai Auckland provided a forum for discussion and support relating to the Covid response framework for aged residential care services. The service has a pandemic plan in place which includes the Covid-19 response plan. Resources are easily accessible for the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed external infection control training. There is good external support from the GP, laboratory, microbiologist, and specialist infection control nurse at Te Whatu Ora Te Toka Tumai Auckland. There is an outbreak kit readily available, and adequate supplies of personal protective equipment is stored in a centralised cupboard. There are supplies of extra personal protective equipment (PPE) as required. The infection control coordinator has input into the procurement of good quality personal protective equipment (PPE), medical and wound care products. Consumables are checked for expiry dates. The owner reported there were no plans for major refurbishment or building projects; however, if the opportunity arises, the RN will have input to planning.</p>

		<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually and are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for wound cares and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers. Staff participate with Māori advisors for the protection of culturally safe practice and have available all policies and educational resources in te reo and acknowledge the spirit of Te Tiriti. Infection control practices include laundry and cleaning practices that reflect Māori participation when required and consultation in infection prevention to promote culturally safe practice.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service includes the checking of these processes in the cleaning, environmental and maintenance of equipment audits. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff have completed handwashing and personal protective equipment training. Resident education occurs as part of the daily cares and individual welfare meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, phone calls, and emails.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is

<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>		<p>appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the monthly infection control committee meeting and discussed with the GP. Infection rates are analysed for antibiotic use and is reported to the staff meeting and in the monthly owner report. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Electronic charts reviewed evidence judicious, careful, and rational use of monotherapy.</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>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other New Zealand care homes. Infection control surveillance is discussed at the monthly infection control and staff meeting.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora- Te Toka Tumai Auckland for any community concerns. Ethnicity data is collected on the electronic surveillance form submissions and analysed by the RN and owner. The data is then used to inform future strategic planning and service delivery.</p> <p>There has been one Covid exposure event in July 2022. The</p>

		<p>outbreak was documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The infection control coordinator interviewed described the daily update and debrief meeting that occurred. The service completed a 'lessons learned' after the event to prevent, prepare for and respond to future infectious disease outbreaks. The infection control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constrained workforce proved to be successful. Staff confirmed that during the Covid exposure period resources including PPE were adequate. Residents and families were updated throughout the event. Staff, contractors, and visitors are required to wear masks in the rest home.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include (but are not limited to) incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, the sluice room, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is plenty PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. The sluice room has aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed according to the cleaning procedure. There is a designated locked storeroom for the safe and hygienic storage of cleaning equipment and chemicals. Cleaners are aware of the requirement to keep their cleaning trolleys in sight.</p> <p>Chemical bottles in storage and in use were noted to be appropriately</p>

		<p>labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is laundered on site. Visual inspection of the on-site laundry, demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system with oversight from the infection control coordinator. Residents and families confirmed satisfaction with housekeeping and laundry services during interviews, and in satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of Ngā Paerewa Standard and provides guidance on the safe use of restraints. The RN is the restraint coordinator and is supported by the owner and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the services commitment to restraint minimisation. They were conversant with restraint policies and procedures. The facility has been restraint free since the owner purchased the rest home six years ago. Restraint minimisation training for staff, begins during their orientation, and continues annually.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>There were residents in the facility identified at high risk of falls due a range of factors including (but not limited to) poor eyesight, poor balance, poor posture, and impaired memory. The possibility of chiropractic care was raised by the GP. It was believed that with chiropractic input there could be an improvement in balance, posture, and muscle tone, as well as a reduction in falls. The service contacted a chiropractic service and treatment was initiated. Physical therapy equipment such as a massage chair, massage gun and foot vibrator machine were purchased. Staff were trained in regular mobilising of the resident and in the use of the exercise machines and massage. A regular walking, massage and exercise programme was initiated. At first the resident went to the chiropractor’s clinic. Good results led to the service negotiating with the chiropractor to visit the facility weekly so other</p>	<p>Comparison of falls between 2021 and 2022 showed that in 2021 there were fourteen falls in total for one resident, and in 2022 this resident had five falls in total. The five other residents receiving chiropractic treatment and staff interventions showed similar improvement but the one resident who received a few treatments and then declined further treatments, continues to fall more frequently. The facility also reported reduced acute GP visits, x-rays, and physiotherapy treatments. The facility will continue weekly chiropractic and acupuncture sessions. Care staff will continue individual walking programmes for residents that require assistance at least three times a week, as well as massage and exercises. They will also assist residents to use the equipment. The facility continues to monitor and analyse falls data.</p>

		<p>residents could be treated. The service also engaged a weekly acupuncture service. Education sessions were held at the induction of new staff to teach about these falls reduction interventions.</p> <p>The outcomes were measured by monthly reporting and analysis of falls.</p>	
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End of the report.