

ERH Care Limited - The Greenwood 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:	ERH Care Limited	
Premises audited:	The Greenwood Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 3 February 2023	End date: 3 February 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:	18	

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

The Greenwood Home physical environment supports the independence of people receiving services for up to 26 residents. There were 18 rest home level of care 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 relatives, residents, management, staff, and the general practitioner.

The business and care manager is appropriately qualified and experienced and is supported by a clinical lead who is a registered nurse and an experienced chief executive officer/partner, who holds a current practicing certificate as a registered nurse. There are quality systems and processes implemented. A stable team of a skilled clinical lead, experienced healthcare assistants and non-clinical staff support the management team.

Feedback from residents and relatives were 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.

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 are fully attained.

Greenwood Home 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 a Pacific health plan in place. Māori and Pacific advisors are appointed to the facility and available for staff.

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/or 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 well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are 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 business and care 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 are fully attained.
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There is an admission package available prior to or on entry to the service. The clinical lead and business and care manager are responsible for each stage of service provision. The clinical lead assesses, plans, and reviews 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 files included medical notes by the general practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. The clinical lead and medication competent healthcare assistants are responsible for administration of medicines. They complete

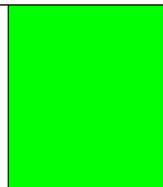
annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities support provides and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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 are fully attained.

The physical environment supports the independence of people receiving services. All building and plant have been built to comply with legislation. The building warrant of fitness expires on 29 September 2023. The environment is inclusive of peoples' cultures and supports cultural practices.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. There is a printed up to date resident list for evacuation purposes.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night to ensure the safety of residents and staff.

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 are 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.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There has been one Covid-19 outbreak since the previous audit. These were appropriately reported and effectively managed.

Chemicals are stored securely throughout 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 are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical lead and a registered nurse. The facility has not used any restraint since 2020. It would be considered as a last resort only after all other options were explored.

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	0	168	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>Greenwood Home 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 advice from a consultant kaumātua. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service had residents who identified as Māori at the time of the audit.</p> <p>Greenwood Home 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 Greenwood Home 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 is embedded in the Māori health plan. The business and care manager and the chief executive officer (CEO), who is a registered nurse, stated that they support increasing Māori capacity by employing more Māori applicants when they apply for employment opportunities. At the time of the audit, there were no staff members who identify as Māori. Staff interviewed confirm they feel supported by the organisation.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan in place. The CEO on interview stated they have a Pacific advisor who provides support and advice. The clinical lead also identifies as Pasifika and assists in developing individual care plans for Pacific residents to improve wellbeing outcomes.</p> <p>On admission all residents state their ethnicity. There were residents that identify as Pasifika. The resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>Greenwood Home engages with local Pacific organisations to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p> <p>There are currently staff employed that identify as Pasifika. The business and care manager and the CEO described how the equitable employment process helped to increase the capacity and capability of the Pacific workforce, which aligns with the Pacific health plan.</p> <p>Interviews with managers and four staff (one clinical lead RN, one healthcare assistant (HCA)/laundry person, one activities coordinator and one cook), and documentation reviewed identified that the service puts people using the services, and family/whānau at the centre of their services.</p>
Subsection 1.3: My rights during service delivery	FA	Details relating to the Health and Disability Commissioners (HDC)

<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>Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The business and care manager and the clinical lead discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the three-monthly resident and family meetings. Five rest home residents and two family 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 held regularly. 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 HCA and the clinical lead (RN) 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 all aspects of their lives including 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. Satisfaction surveys completed in 2022 confirmed that residents and relatives are treated with respect. This was also confirmed during interviews with residents and relatives.</p> <p>There are no double or shared rooms. 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. There were no married couples in the facility.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. One younger person with a disability (YPD) has input in their own routine and their identity. Gender and sexuality is 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 held, 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.</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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Greenwood Homes policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace. Staff house rules are discussed during the new employee's induction to the service with evidence of staff signing the house rules document within their contracts. This document addresses the elimination of</p>

		<p>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 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 relatives 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 clinical lead (RN) and an HCA 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>Resident centred policies and the Māori health plan describe Te Whare Tapa Whā which is recognised and implemented, with the aim to improve outcomes for Māori staff and Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Three-monthly resident 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</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>family/enduring power of attorney (EPOA). Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. The accident/incident forms reviewed identified family/whānau are kept informed following consent by the resident (if able). This was confirmed during interviews with family/whānau.</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 no residents who did not speak or understand English.</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 Te Whatu Ora Health -Te Toka Tumai Auckland specialist services. The delivery of care involves a multidisciplinary team approach. Residents and family/whānau provide consent and are communicated with in regard to services involved. The clinical lead 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 family/whānau 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 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,</p>	<p>FA</p>	<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 vaccinations were also on file where appropriate. Consents present included: sharing of health information; sharing information between services; display photographs; and van 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>keep well, and live well. 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>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.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were available on residents' files.</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 family members identified that the service actively involves them in decisions that affect their relative's lives.</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. 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. 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 business and care manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held in hard copy.</p> <p>Three complaints were received in 2022 and no complaints in 2023 to date. Since the previous audit, there has been one complaint received from the Health and Disability Commissioner (HDC) and one via Te Whatu Ora Te Toka Tumai Auckland. Both have been closed. Documentation for all three complaints viewed, including follow-up letters and resolution, demonstrates that complaints were managed in accordance with guidelines set by HDC. Complaints included an investigation, follow up, and replies to the complainant. Staff are informed of any complaint received (and any subsequent corrective actions) in the monthly quality/staff meeting minutes sighted.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly where concerns</p>

		<p>can be raised. During interviews with family/whānau, they confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The business and care manager 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>Greenwood Home provides rest home level of care for up to 26 residents. On the day of the audit there was 18 residents, including one young person with a disability (YPD), two residents on a long-term support- chronic health contract (LTS-CHC), and one resident under a mental health contract. The remaining residents were under the age-related residential care (ARRC) contract.</p> <p>The business and care manager and the CEO/partner were interviewed. The CEO is a RN. The facility was purchased in 2020 by two partners. The partners own four care homes in Auckland. The partners have Māori and Pacific advisors. The CEO 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 in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. A weekly and monthly reporting structure informs management and the CEO.</p> <p>The CEO/partner is responsible for the overall leadership of Greenwood Home. The business and care manager reports directly to the CEO and is responsible for the non-clinical management of Greenwood Home. The business and care manager and the CEO meet at least weekly to discuss governance. The clinical lead is a registered nurse who reports to the business and care manager. They meet at least weekly. Management meetings monitor adverse events, restraint use, infections, and care plan timeframes.</p> <p>Greenwood Homes annual business plan 2023 has clearly identified their mission, services, and values which link to their strategic</p>

		<p>direction, and goals are regularly reviewed with outcomes reported. The business plan reflects a commitment to align to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Greenwood Home 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/care team support residents to maintain links with the community.</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 at the monthly quality/staff meetings.</p> <p>The business and care manager has managed Greenwood Home for three years. He has previous experience in the pharmaceutical industry. The clinical lead is a registered nurse and has worked in the facility for three years. The CEO is a RN and holds a current annual practise certificate. They have all 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>	FA	<p>There is a documented business plan. Greenwood Home is implementing quality and risk management programmes. This includes performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data. Benchmarking occurs against the other three facilities owned by the partners. Results are discussed in the quality/staff monthly meetings and at handover.</p> <p>Monthly quality/staff meetings, and RN 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 collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of</p>

	<p>progress and signed off as reviewed by the business and care manager when achieved. The clinical lead signs off clinical audits. Meeting minutes and quality results data are posted on a noticeboard, located in the staffroom. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Staff complete cultural training to ensure a cultural safe service is provided for Māori.</p> <p>The 2022 resident satisfaction surveys indicate that both residents and family have high levels of satisfaction with the services being provided. Results have been communicated to residents in resident meetings (meeting minutes sighted). Corrective actions are implemented to improve on any specific comments.</p> <p>There are procedures to guide staff in managing clinical and non-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. New policies or changes to policy are communicated and discussed with staff. The CEO created the new policies to align with the 2021 Standard, with input from the Māori and Pacific advisors. The review process created an analytical gap analysis, and findings were used to improve health equity.</p> <p>A health and safety system is in place. The health and safety team meets monthly. The business and care manager is the health and safety representative. They have received health and safety training. Health and safety notices are posted on a noticeboard in the staffroom. Hazard identification forms and an up-to-date hazard register were sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. Staff incidents, hazards and risk information is collated at facility level, reported to the business and care manager, and is also provided to partners. Health and safety is a regular agenda item in staff/quality meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the</p>
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		<p>accident/incident form. There have been no serious staff injuries reported since the previous audit.</p> <p>Report forms 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. Family/whānau are notified following incidents unless the resident requests that they not be informed.</p> <p>Discussions with the business and care manager and clinical lead 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 has been one Covid 19 exposure outbreak in July 2022. This was appropriately notified.</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. 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. 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 requirements and safe staffing ratios. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The business and care manager works Monday to Friday (35 hours a week). The clinical lead works Monday to Friday (25 hours a week). On-call cover is shared between the business and care manager and the clinical lead. The clinical lead is on call 24/7 for clinical issues.</p> <p>There is a medication competent HCA on each shift. There is a staff member with a first aid certificate on each shift. When staff are off sick, the business and care manager and the clinical lead both advised they fill in shifts when other HCAs cannot cover shifts.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training. HCAs and the clinical lead receive training as per the</p>

		<p>training schedule. Staff complete training as part of their orientation and ongoing, including, but not limited to: fire safety; hand hygiene; falls prevention; aging process; restraint; challenging behaviours; infection control; cultural awareness; and emergency management, including six-monthly fire drills.</p> <p>The clinical lead and HCAs complete medication administration competencies. Additional competencies cover: controlled drug administration; insulin administration; restraint; and handwashing. A selection of healthcare assistants complete medication administration competencies.</p> <p>External training opportunities for care staff include training through Te Whatu Ora -Te Toka Tumai Auckland. One RN is employed who is the clinical lead and they have completed interRAI training. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training to learn about and address inequities. Staff learn how to apply the five principles of Te Tiriti o Waitangi to their work; and to define the meaning of mana motuhake.</p> <p>If agency staff are used, their orientation covers health and safety and emergency procedures (clinical and non-clinical). The CEO reported the service has not required the use of agency staff to date.</p> <p>Staff are supported through the annual appraisal, and debriefing processes. There is also an external agency they use for confidential wellbeing support.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. 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</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>professionals. There is an appraisal policy. All staff who have been employed for over one year are scheduled to undergo 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 programmes support all staff to provide a culturally safe environment for 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. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files are in hard copy and the information associated with residents and staff are retained and archived.</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</p>	<p>FA</p>	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for relatives and</p>

<p>the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>residents prior to admission or on entry to the service.</p> <p>Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The business and care manager and the clinical lead are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly business and care manager report to the CEO. The facility has established links with Nga Tahu Auckland, through the Māori advisor and is able to consult on matters in order 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 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</p>	<p>FA</p>	<p>Five rest home resident files were reviewed. The files included: two rest home (ARRC); one resident on a mental health contract; one resident on a young person with disability contract (YPD); and one resident on a long-term support-chronic health conditions (LTS-CHC) contract. The clinical lead (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and relatives involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p>

<p>whānau to support wellbeing.</p>	<p>All residents have admission assessment information collected and an interim plan completed at time of admission. There is a specific cultural assessment included in the assessment. All initial assessments and care plans were signed and dated. The four files (including the YPD resident and the LTS-CHC) had up to date interRAI assessments and reassessments completed within expected timeframes. The resident on the mental health contract had an up-to-date long-term care plan. Residents who identified as Māori have a Te Whare Tapa Whā care plan in place.</p> <p>Care plans are developed by the clinical lead in partnership with the resident and their relatives to ensure residents and relatives identify their own pae ora outcomes, as evidenced in the files reviewed. Residents and relatives were notified of these changes and this was confirmed during interview with relatives. The long-term care plan aligns with the service's model of person-centred care. 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. There are six-monthly care plan reviews with residents and relatives are invited to attend. Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. The care plans were resident focused and individualised with clear and flexible goals. Residents interviewed confirmed that they participate in the care planning process, decision making and care plan review. The GP has reviewed residents three-monthly. The registered nurse interviewed described working in partnership with the resident and relatives to develop initial and long-term care plans.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. There is one GP who visits fortnightly and when required. The GP is on-call after hours. The clinical lead and CEO (RN) are also available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the care. The service works alongside all residents (including those with disabilities) to ensure all identified barriers to accessing information or services are minimised or eliminated. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service can access a</p>
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		<p>physiotherapist, podiatrist, dietitian, and Te Whatu Ora- Te Toka Tumai Auckland wound care specialist nurse as required.</p> <p>Healthcare assistants and the clinical lead interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by healthcare assistants (HCAs) and the clinical lead. The clinical lead further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. When a resident's condition alters, the clinical lead initiates a review with a GP. There were no residents with wounds or pressure injuries at the time of the audit</p> <p>The clinical lead and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and the clinical lead complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries. The incident reports reviewed evidenced timely follow up of incidents by the clinical lead.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The business and care manager coordinates the activities programme with support from a designated healthcare assistant, allocated three hours per day (Monday to Friday). They provide a five-day programme across rest home level care. Weekend activities are supported by the HCAs and plenty of resources are available to deliver the activities.</p> <p>The programme is planned weekly and includes themed cultural events. A weekly calendar is delivered to each individual resident and also emailed to family.</p> <p>The service facilitates opportunities to participate in te reo Māori</p>

		<p>through the use of Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities and culturally focused activities. There are cultural visits from the facility's cultural advisors. The facility intends to continue further key relationships with Māori organisations for Māori residents.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Entertainment and outings are scheduled weekly, including going to the shopping malls, Cornwall Park, and local beach. There are weekly interdenominational services held by local churches for the residents.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, past career, and family connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include quizzes, board gaming, exercises, and hand pampering. There are weekly van outings and staff who supervise these have appropriate competencies and first aid certification. A number of residents enjoy their own independence and actively enjoy outside activities.</p> <p>Resident meetings are held monthly, and family are invited to attend, which provide an opportunity to provide feedback on activities. Resident and relative surveys also provide feedback on the activity programme and the residents' satisfaction survey evidence overall satisfaction with the activities provided. Residents and relatives interviewed stated the activity programme is meaningful.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies and processes are available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. Clinical lead and healthcare assistants interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked weekly. There were no eyedrops being administered on day of audit. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There was one rest home resident partially self-administering medication. They have the appropriate assessment and review on file. A medication competent HCA or the clinical lead sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurse described working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<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 meals at Greenwood Home are all prepared and cooked on site. There is one cook, and a relief cook employed. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence. A dietitian review of the menu was completed.</p> <p>There is a documented policy on nutrition management and a food services manual available in the kitchen. The cook receives resident dietary information from the RN and is notified of any changes to dietary requirements (vegetarian, dairy free) or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. Kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>A current food control plan is in place. The kitchen manager (cook) completes a daily diary and includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are plated in the kitchen then transported to residents in the adjacent dining room. A trolley was used to transport meals to the residents’ and to those who enjoy meals in their rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and relatives interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook, at the resident meetings and through resident surveys.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and relatives to ensure continuity of care. Resident change, transfer, or termination policies and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and relatives were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical lead and business and care manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The physical environment supports the independence of people receiving services. All building and plant have been built to comply with legislation. The building warrant of fitness expires on 29 September 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The facility shares a maintenance person from another facility in the group. They work full time (Monday to Friday) across the two sites and oversee maintenance and contractor management over both sites. The gardens are maintained by landscaping contractors when requested. Essential contractors such as plumbers and electricians are available as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment was completed on 16 January 2023. Checking and calibration of medical equipment, hoists and scales is next due in January 2024. Healthcare assistants interviewed stated they have adequate equipment and space to safely deliver care for rest home and hospital level of care residents.</p>

		<p>The facility has a reception area at the entrance with corridors leading to resident's rooms. Off the corridor there is a lounge, dining area, kitchen, doors to residents' rooms and garden areas. All furniture and fittings are in good repair.</p> <p>There are other meeting rooms available for whānau/family meetings. There are communal toilets, one of which is a disability accessible toilet and communal showers which are all disability accessible.</p> <p>All resident rooms are single occupancy. The residents' rooms are suitable for disability access and allow for resident cares and all have a toilet and handbasin. Each room allows for the safe use and manoeuvring of mobility aids. Flowing hand soap, hand sanitiser and paper towels are installed near hand basins.</p> <p>There are handrails in the communal showers and toilets. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. Seating and shade are available. The facility is a mix of carpet and vinyl surfaces for appropriate areas (eg, bathrooms/toilets and kitchen areas). There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and are able to personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are wall heaters in all rooms throughout the facility. There is adequate natural light in the resident's rooms.</p> <p>The facility is non-smoking.</p> <p>The service is not currently engaged in construction. When previous building projects have been planned, the CEO and the business and care manager describe utilising their links with local kaumātua advisor to ensure the designs and environments reflect the aspirations and identity of Māori.</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, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in October 2007. A fire evacuation drill and training has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals. Emergency information is provided to residents and relatives in the information pack provided on admission.</p> <p>In the event of a power outage, the staff contact the business and care manager or the CEO. Emergency generators can be organised. There are adequate supplies in the event of a civil defence emergency, including bottled water. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Residents and relatives 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. External doors are alarmed. Internal and external security cameras are located in public areas.</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>FA</p>	<p>The clinical lead undertakes the role of infection control coordinator to oversee infection control and prevention across the service. 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</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>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 business and care manager and the CEO. Documentation review evidence recent outbreaks were escalated to the CEO within 24 hours. There is an infection control committee that meets bimonthly. Infection rates are presented and discussed at monthly quality/ staff meetings and presented in a clinical lead report to the business and care manager. 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. 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 (clinical lead), the business and care manager, 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 clinical lead and has been in the role for two 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 which includes the Covid-19 response plan, and includes easily accessible resources 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 Te Whatu Ora- Te Toka Tumai Auckland nurse specialists. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies</p>

	<p>of extra personal protective equipment (PPE) as required. The infection control coordinator has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</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. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for wound care. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. Infection control audits evaluate the management of single use equipment to align with the policy. All shared equipment is appropriately disinfected between use. The infection prevention and control coordinator and CEO liaises with Māori for the protection of culturally safe practice. There are policies and educational resources available in te reo which acknowledge the spirit of Te Tiriti o Waitangi, as per the Māori health plan. A training resource is available through Te Whatu Ora- Te Toka Tumai Auckland. Staff interviewed could describe practicing in a culturally safe manner in relation to their role. 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 have 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 competencies and personal protective equipment training. Resident education occurs as part of the daily cares and three-monthly meetings. Residents and relatives were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
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		There was no construction, installation, or maintenance in progress at the time of the audit. The CEO reports the infection control coordinator would be involved throughout the project if the opportunity arises.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is 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 infection control committee meeting and discussed with the GP. Infection rates are analysed for antibiotic use and is reported to the monthly quality/staff meeting and monthly analysis is completed by the clinical lead. 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>	FA	<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. 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 the other three facilities owned by the partners. Infection control surveillance is discussed at the monthly meeting. Staff are informed through the variety of meetings held at the facility.</p> <p>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 GP that advise and provide feedback/information to the service. Action plans are required for</p>

		<p>any infection rates of concern. The service receives email notifications and alerts from Te Whatu Ora Te Toka Tumai Auckland for any community concerns. Ethnicity data is collected on admission and analysed by clinical lead. The data will then be used to inform future strategic planning and service delivery.</p> <p>There has been one Covid exposure event in July 2022. The 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 infection control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period, resources including PPE were adequate.</p> <p>Currently, visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in on entry and wear masks.</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: considerations of staff orientation and education; 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, such as 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. Interviews and observations confirmed that there is enough 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. There are aprons, goggles, and gloves available in the sluice room. Cleaning duties and procedures are documented to ensure correct cleaning</p>

		<p>processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Cleaners are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately 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 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 relatives confirmed satisfaction with housekeeping and laundry services during interviews.</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. They meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced RN is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator (clinical lead), described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. The facility has been restraint free since 2020 and there were no restraints present on the day of audit. Restraint minimisation training for staff begins during their orientation and continues annually.</p> <p>The reporting process to the CEO 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</p>

		resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.