

Presbyterian Support Services (South Canterbury) Incorporated - Wallingford Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Presbyterian Support Services (South Canterbury) Incorporated
Premises audited:	Wallingford Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 December 2022 End date: 16 December 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	32



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

Wallingford Rest Home is part of the Presbyterian Support South Canterbury (PSSC) organisation. Wallingford is one of three aged care facilities managed by PSSC. The service is certified to provide rest home level care for up to 32 residents. There were 32 residents on the days of audit.

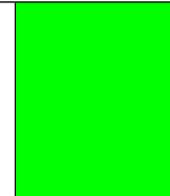
This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – South Canterbury District. The audit process included a review of policies and procedures, the review of residents and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

The facility manager is appropriately qualified and experienced and is supported by experienced registered nurses (RNs). There are quality systems and processes being implemented. Feedback from residents and families was very 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.

This audit identified no shortfalls, and 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 fully attained.

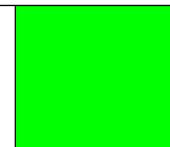
Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place for the organisation and a Pacific health plan is being developed.

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

There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

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 and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	--	--

The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner or nurse practitioner and visiting allied health professionals.

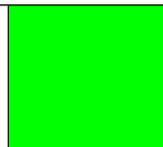
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language on planners, in activities, signage and culturally focused food related activities.

The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. There are menu options culturally specific to te ao Māori.

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.

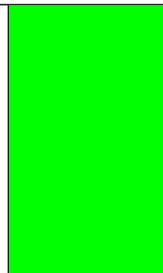


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. The buildings, plant, and equipment are fit for purpose at Wallingford, and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of peoples' cultures and supports cultural practices.

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.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. The service has 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 supplies.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
--	--	--

The restraint coordinator is a registered nurse. There were no residents using restraint and encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	21	0	0	0	0	0
Criteria	0	58	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>	FA	<p>The nurse manager stated that she supports increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at PSSC Wallingford. At the time of the audit there were staff members who identified as Māori. The Māori staff member interviewed stated the service is supportive of their culture and are respectful of all cultures.</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>	Not Applicable	<p>The organisation is working towards developing a comprehensive Pacific health plan. The plan will address the Ngā Paerewa Health and Disability Standard 2021 and be based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The organisation partners with the Tongan society and Aoraki Multicultural centre for advice.</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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Enduring Power of Attorney (EPOA)/family/whānau/or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori. An interview with the nurse manager and staff confirmed that Māori mana motuhake is recognised in all aspects of service delivery.</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>Wallingford supports residents in a way that is inclusive and respects their identity and experiences. Signage in te reo Māori is in place in various locations throughout the facility. Staff are encouraged to use te reo Māori in everyday conversation. Te reo Māori is reinforced by those staff and residents who are able to speak/understand this language.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with nine care staff (two registered nurses, six caregivers and one diversional therapist) confirmed their understanding of tikanga best practice, with examples provided. This training is also included in the caregiver orientation programme and is supported by a competency training programme.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori. Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and</p>

		independence is encouraged.
<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>	FA	<p>Presbyterian Support South Canterbury (PSSC) policies prevent any form of discrimination, coercion, harassment, or any other exploitation. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. Staff training includes recognition and prevention of institutional and systemic racism. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Presbyterian Support South Canterbury follow The Eden Alternative Philosophy which is based on ten core principles that help create living environments that nurture and celebrate companionship, spontaneity, enjoyment, choice, meaningful activity, and a balance between the giving and receiving of care.</p> <p>The holistic Te Whare Tapa Whā model of health is promoted by PSSC, which encompasses an individualised approach that ensures the best outcomes for Māori. At the time of the audit, there were residents who identified as Māori. A comprehensive Māori health care plan has been developed for each Māori resident. There are monitoring systems in place, such as residents' satisfaction surveys and residents and family/whānau meetings, to monitor the effectiveness of the processes in place to safeguard residents.</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>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Residents and family/whānau interviewed were able to describe informed consent and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The Māori health plan acknowledges Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. The service follows relevant best practice tikanga guidelines,</p>

<p>keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>welcoming the involvement of family/whānau in decision-making when the resident receiving services wants them to be involved.</p> <p>Staff training related to consent is included in Te Kete Tuatahi and Te Kete Tuarua cultural competency development programme. These programmes are being rolled out throughout PSSC organisations.</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>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The nurse manager maintains a record of all complaints, both verbal and written on a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There has been one complaint in 2022 year to date and none in 2021. There have been no complaints received from external agencies.</p> <p>Discussions with six residents and two relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two to three-monthly, and there is an independent resident advocate available.</p> <p>Interviews with the nurse manager confirmed an understanding of the complaints process. Eleven staff interviewed (nine care staff, one cook and one maintenance) confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.</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>	FA	<p>Wallingford Rest Home, located in Temuka, is part of the PSSC organisation and provides care for up to 32 rest home level residents. Two beds are permanently allocated for respite residents. At the time of the audit there were 32 rest home residents, which included two residents on respite care. All other residents were under the aged</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>related residential care (ARRC) contract.</p> <p>The service is managed by an experienced nurse manager with a current annual practising certificate, who has been involved in education and management in aged care for over twenty years. The nurse manager has been in her current role for nine months and is supported by three RNs, care staff and the PSSC management team, including the general manager for services for older people and the chief executive officer (CEO). The nurse manager reports to the general manager. The general manager liaises with the directors on a weekly basis. The nurse manager has completed in excess of eight hours of professional development over the past year pertaining to the management of an aged care facility.</p> <p>The PSSC incorporates Māori concept of wellbeing – Te Whare Tapa Whā into their Eden alternative model of care. The general manager collaborates with mana whenua (cultural advisor) in business planning and service development to improve outcomes and achieve equity for Māori. The cultural advisor assists with identifying and addressing barriers for Māori, and ensures the organisation provides equitable service delivery to improve outcomes/achieve equity for all residents, including people with disabilities. Members of the governance team and senior management have completed education on Te Tiriti, health equity and core competencies.</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>Wallingford Rest Home is implementing an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The nurse manager provided an example of a report that can be generated for this purpose.</p> <p>Monthly quality meetings and bimonthly staff 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); staffing; and education. Internal audits, meetings, and</p>

	<p>collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on quality noticeboards, located in the staffroom and nurses' stations. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality initiatives for 2022 include reducing skin tears and improving collection of information to guide the implementation of end-of-life care. Benchmarking occurs using best practice low/high performance levels per 1000 bed days and occur internally with the PSSC group and externally with national age care providers.</p> <p>All staff complete cultural competency and cultural safety training is provided annually to ensure a high-quality service is provided for Māori.</p> <p>Resident/family satisfaction surveys are completed annually. The surveys completed consistently reflect high levels of resident/family satisfaction, which was also confirmed during interviews with residents and families. The service actively looks to improve health equity through critical analysis of organisational practice. Results have been communicated to residents in resident meetings (meeting minutes sighted). There were no improvements identified.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. Hazard identification is entered into an online health and safety management system (GOSH) by staff when a hazard has been identified, and an up-to-date hazard register is reviewed on a regular basis. Noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed.</p> <p>Results are discussed in the quality and staff meetings and at handover. Relatives are notified following incidents.</p>
--	--

		<p>Discussions with the nurse manager, and registered nurse evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications to notify the Ministry of Health for a resident who was assessed as requiring hospital level care remaining at Wallingford, while waiting for a hospital bed to become available, made since the previous audit. There had been one recent Covid 19 exposure outbreak reported in May 2022. This was appropriately notified. There have been no other outbreaks or notifications required for RN shortages.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The nurse manager, registered nurses, a selection of caregivers and activities staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers, nurses, and casual staff. Out of hours on-call cover is provided by a RN on duty at sister facility The Croft. If an on-site presence is needed, the nurse manager or one of the registered nurses will come on site. The senior registered nurse covers for the nurse managers absence with the assistance of a member of the management team who lives in Temuka.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training includes the provision of culturally safe care, Māori worldview and the Treaty of Waitangi. All staff are required to complete Te Kete Tuatahi - Achieving equity training on commencement of employment. Managers and senior leaders also complete Te Kete Tuarua- engaging with Māori. Discussions around quality data in staff meetings provides a forum to share health information which is collated through quality data (which includes ethnicity).</p> <p>The service supports and encourages caregivers to obtain a New</p>

		<p>Zealand Qualification Authority (NZQA) qualification. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Five caregivers have achieved a level 4 NZQA qualification and twelve level 3. One new staff member is new to the service and working towards their level 3.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include syringe driver, first aid and an interRAI assessment competency. Three RNs are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All staff attend relevant combined staff/quality and clinical meetings when possible.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review. Staff files are held in hard copy and held securely. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member 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>A register of practising certificates is maintained for all health professionals. A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for</p>

		<p>volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with an employee ethnicity database maintained.</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>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The Enliven Liaison Manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, and these capture ethnicity data.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and a number of staff members identifying as Māori. The service has meaningful links to the local marae and is continuing to work on developing relationships with local Māori providers and local kaumātua, in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau. The cultural advisor is also available to provide support for residents 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 whānau to support wellbeing.</p>	FA	<p>Five resident files were reviewed, including a respite resident. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The part-time cultural advisor and Enliven liaison manager is available to support the service with strengthening relationships with local iwi and local Māori health providers and to ensure residents with disability and their whānau are not restricted in accessing information, care, and support that they need.</p> <p>The registered nurse completes an initial assessment and care plan on admission to the service, which includes relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health</p>

	<p>changes. InterRAI assessments and long-term care plans were completed within the required timeframes. Assessed needs and supports were documented in the care plans on the electronic system. Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed describe working in partnership with the resident and whānau to develop initial and long-term care plans. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>Staff described how the care they deliver is based on the four cornerstones of Māori health 'Te Whare Tapa Whā'. Care plans include the physical, spiritual, family, and mental health of the residents.</p> <p>The care plans on the electronic resident management system were resident focused and individualised. Care plans include allied health and external service provider involvement. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Residents have the choice to remain with their own GP; however, there is a 'house' general practitioner (GP) and a nurse practitioner (NP) who provide medical services to residents. The NP visits once a week and completes three-monthly reviews, admissions and sees all residents of concern. When a resident's condition alters, the RN initiates a review with a GP or NP. The NP interviewed stated they are notified via phone, text, or email in a timely manner for any residents with health concerns, including after hours. All GP and NP notes are entered into the electronic system. The NP commented positively on the care the residents received. Allied health care professionals involved in the care of the resident included, (but were not limited to) physiotherapist, clinical nurse specialists, district nurse, speech language therapist, and dietitian.</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 the electronic progress notes. When a resident's</p>
--	---

		<p>condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs.</p> <p>There were three minor wounds on the day of audit. Wound assessments, wound management plans, photos, wound measurements, and written evaluations were reviewed for each wound. Wound dressings were being changed appropriately and a wound register is maintained. On interview, registered nurses stated wound specialist input was available when required.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury. Incident reports reviewed evidenced timely RN follow up and where possible, opportunities to minimise future risks were identified and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities calendar includes celebratory themes and events. The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language on planners, in activities, signage and culturally focused food related activities. The service and been in contact with Arowhenua primary school with children making a Māori banner for the craft room. A Māori resident is working with the diversional therapist to establish te reo Māori resident education sessions.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi Day, Māori language week, jeans day, orange day, Easter, Christmas, and Anzac Day are celebrated with appropriate resources available.</p> <p>Residents and families interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies 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. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The service does not use standing orders.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily (room-weekly), and the temperatures were within acceptable ranges. All medications are checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP or NP had reviewed all resident medication charts three-monthly and each drug chart has a photo identification and allergy status identified. There were no residents self-administering medications, and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the 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>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The lead cook oversees the on-site kitchen, and all cooking is undertaken on site. The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. There are menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Wallingford, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 June 2023. The environment is inclusive of peoples' cultures and supports cultural practices, evidenced in care plans and in interviews with staff, residents, and families.</p> <p>The service has no plans to expand or alter the building. Management and a Board representative confirmed they would consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours, and staff complete security checks at night. Visitors and contractors sign in when they arrive and out when they leave.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests, should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service incorporates te reo information around infection control for Māori residents, and staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed demonstrated a good knowledge of culturally safe practices in relation to their role.</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 and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>There has been one outbreak since the previous audit (Covid in May</p>

		2022). The facility followed their pandemic plan. Staff were cohorted where possible. Staff wore personal protective equipment and residents and staff had rapid antigen tests daily. Families were kept informed by phone or email. Visiting was restricted.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. On interview, the GM confirmed that the organisation is committed to maintaining a restraint-free service.</p> <p>The designated restraint coordinator is a registered nurse. There are no residents using restraint at the time of audit. The use of restraint is included in the agendas of the monthly facility quality/staff meetings. Restraint data would be included in the quality data collated, which is included in the reports sent to the directors via the general manager.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.