

Christchurch Methodist Central Mission - WesleyCare

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:	Christchurch Methodist Central Mission
Premises audited:	WesleyCare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 December 2022 End date: 13 December 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	97

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

WesleyCare is governed by the Christchurch Methodist Mission Board. WesleyCare provides care for up to 108 residents at hospital (geriatric and medical) and rest home level care. At the time of the day of the audit, there were 97 residents in total.

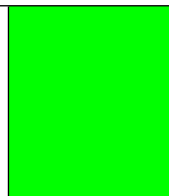
This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand- Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The manager is appropriately qualified and experienced and is supported by a clinical/quality manager (RN). 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.

The service has addressed five of five shortfalls identified at the previous certification audit relating to: quality goal reviews; satisfaction surveys; interRAI assessments and interventions; and food storage.

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.

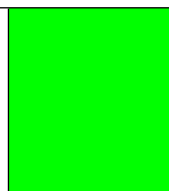


Subsections applicable to this service are fully attained.

A Māori Bicultural policy is in place for the organisation. There were staff employed who identify as Māori and Pasifika during the audit. Māori mana Motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

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. The business plan includes a mission statement and operational objectives. Meetings are held regularly, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes skill mixes. Residents and the family member reported that staffing levels are adequate to meet the needs of the residents.

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.

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other 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.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained. Residents' food preferences, cultural and dietary requirements are identified at admission and all meals are cooked on site. Cultural, traditional, and religious practices related to food services are respected. Transfer, exit, and discharges occur in a coordinated manner.

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 building has a current warrant of fitness which expires on 1 January 2023 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable.

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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Infection control practices include cultural considerations. Surveillance data is undertaken and discussed with staff. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal and external benchmarking occurs. There have been four Covid outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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There are policies and procedures and a restraint log available for staff to refer to should the need arise. The restraint coordinator is a registered nurse. There were three residents using restraints. Minimising restraint is included as part of the education and training

plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use 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	54	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 Māori Bicultural policy includes developing a Māori health and disability workforce that reflects the Māori population, Māori values and Māori models of practice. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. There were staff employed who identify as Māori during the audit.</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 service plans to partner with a Pacific group to provide guidance around developing the Pacific health plan and focus on achieving equity and efficient provision of care for Pasifika. At the time of the audit, there were staff who identified as Pasifika. Ten care staff interviewed (two unit coordinators, six healthcare assistants (HCA), one diversional therapist and one activities coordinator) confirmed they have attended training around cultural safety and described how they get to know the residents likes, dislikes and preferences and</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>accommodate these .</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 is available te reo Māori. The staff at WesleyCare ensure that Māori mana motuhake is recognised for all residents. Interviews with six residents (three hospital and three rest home) and six relatives (five hospital and one rest home) confirmed Māori mana motuhake is recognised for all residents residing in the facility as much as possible, by involving residents in care planning and supporting residents to make choices around all aspects of their lives. Care plans reviewed evidenced residents are encouraged to be as independent as possible.</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>Te reo Māori is reinforced by those staff who are able to converse in te reo. The staff noticeboards contain information on Māori tikanga practice. Interviews with staff confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice.</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>There are policies in place to prevent any form of discrimination, coercion, harassment, or any other exploitation. 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. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>There were residents identifying as Māori and Pasifika on the day of the audit. The staff interviewed report there was a good culture of teamwork and feel supported by the owners. The service promotes a</p>

		strengths-based model of care by supporting and enabling residents to participate in whatever they choose to do. Care plans are holistic and focus on resident's strengths and maintaining independence as much as possible.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and relatives interviewed were able to describe what informed consent was 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 service follows relevant best practice tikanga guidelines, as sighted in documentation and welcoming the involvement of family/whānau in decision making or where the resident receiving services wants them to be involved.</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 provided to residents and families during the resident's entry to the service. The manager leads the investigation of any concerns/complaints. Complaints are discussed at the monthly quality meetings and clinical meetings. Complaints forms are available and visible at the main entrance, adjacent to a suggestions box. A record of all complaints, both verbal and written is maintained by the manager using a complaint register.</p> <p>Fifteen complaints were received in 2021 and three made in 2022 year to date. All complaints reviewed included evidence of appropriate follow-up actions taken. Documentation including follow-up letters and resolution demonstrated that complaints are being managed. A complaint made through Health and Disability Commissioner (HDC) in November 2019 was closed off by HDC in May 2022. This complaint was included in the previous certification audit. Residents and relatives interviewed are aware of the</p>

		complaints process.
<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>	FA	<p>WesleyCare is governed by the Christchurch Methodist Mission Board. This aged care service is one of five divisions. The Christchurch Methodist Mission has an overarching strategic plan for 2012-2026 that includes their mission and values. In addition, a quality plan is developed for the facility that lists business goals and objectives. Goals for the facility are documented. Goals documented for 2022 have been reviewed regularly throughout the year. The previous shortfall (NZS 8134:2008 criterion # 1.2.1.1) around facility goals reviews has been addressed.</p> <p>WesleyCare provides care for up to 108 residents at hospital (geriatric and medical) and rest home levels of care. All beds are dual purpose. On the day of the audit, there were 97 residents: 25 residents at rest home level and 72 at hospital level. Four hospital level residents were on a younger person with disability (YPD) contract and one hospital level resident was on respite care and ACC contract. The remaining residents were on the aged related residential care services contract (ARRC).</p> <p>Board members have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with Ngāi Tahu in business planning and service development that support outcomes to achieve equity for Māori. WesleyCare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The manager of WesleyCare has been in her role since June 2019. She is a RN with over 15 years of experience as a facility manager in aged care. The manager is supported by a clinical/quality manager, an assistant manager who oversees the non-clinical household services (eg, kitchen, cleaning, laundry, maintenance) and two unit-coordinators/RNs.</p> <p>The manager and clinical/quality manager have completed a minimum of eight hours of professional development relating to</p>

		<p>managing a rest home and hospital facility. This includes attending a workshop on Aspiring leaders in aged care and building resilient teams.</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>Quality and risk management systems are implemented with quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly by an aged care consultant who is contracted to the service. Monitoring of the quality and risk plan is through a series of meetings and reports. Meetings include quality meetings, health and safety meetings, staff meetings, and clinical RN meetings. Some of the meetings had been cancelled due to the Covid-19 pandemic. The clinical/quality manager is responsible for collecting adverse event data. Quality data is collected and is displayed on the staff noticeboard. Analysis/trends of quality data is collected and documented to identify opportunities for improvement.</p> <p>An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the manager or quality and risk management coordinator when completed. Residents and relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. The resident and relative satisfaction survey for 2022 reported a 94.4% overall satisfaction. Residents and relatives interviewed advised that they were overall satisfied with the care and service they receive. Corrective actions were implemented and completed around ensuring residents have a pleasant dining experience. The previous audit shortfall (NZS 8134:2008 criterion # 1.2.3.6) around resident and relative satisfaction survey and quality data results has been addressed.</p> <p>There is an implemented health and safety and risk management system in place. The service has a health and safety committee with specific role responsibilities. Hazard identification forms and a hazard register are in place. Health and safety is included in the orientation and annual staff training programme. The service collects data</p>

		<p>relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. A sample of resident related incident reports for November and December 2022 were reviewed. All incident forms documented RN review and follow up.</p> <p>Discussions with the manager and clinical/quality manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications were completed weekly for incidents related to RN staffing shortages from 23 May to 28 November 2022. Public Health authorities were notified of four Covid-19 outbreaks between March and October 2022.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The rosters reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. A staff availability list ensures that staff sickness and vacant shifts are covered. All RNs have a first aid qualification.</p> <p>The manager works four days a week (Monday to Thursday) and the clinical/quality manager/RN also works full time (Monday to Friday). Two unit-coordinators/RNs are employed one for the ground floor (Tawa/Karaka unit), who works full time from Sunday to Thursday and one for the first level (Where/Kahurangi unit), who works full time from Tuesday to Saturday. There was appropriate RN cover for all shifts with RNs rostered across both floors across 24/7.</p> <p>There are fluid assistants who work in both units. Residents, relatives, and staff interviewed stated there were sufficient numbers of staff on duty to safely deliver residents cares.</p> <p>There is an annual education and training schedule implemented which includes all required training. The education and training schedule lists compulsory training which includes cultural awareness training. Staff last attended cultural awareness training in July 2022. External training opportunities for care staff include training through Te Whatu Ora – Waitaha Canterbury. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed</p>

		<p>that they were provided with resources during their cultural training. Staff are provided with opportunities to attend in-services, and toolbox talks. Staff are encouraged to attend all staff meetings as health information (including Māori health information) included in quality data is discussed at these meetings. Meeting minutes are displayed in the staffroom for staff to read.</p> <p>Discussions with the HCAs and RNs confirmed that online training is readily available. More than eight hours of staff development or in-service education has been provided annually. Competencies completed by staff included (but not limited to): medication management; insulin administration; manual handling; infection control; and restraint. Healthcare assistants are encouraged to complete qualifications. The service supports and encourages care workers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 88 HCAs: 37 have completed level four, 23 have completed level three and 24 have completed level two. There are 12 RNs including the unit coordinators. Nine of the RNs are interRAI trained.</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. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and veracity. A copy of practising certificates is kept. Seven staff files were reviewed. The manager described how reference checks are completed before employment is offered, as evidenced in the files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. There is a policy governing management of personnel files. Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service collects ethnicity data and plans to report analysis of this at governance level.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the resident's profile; however, the facility does not currently identify decline rates for Māori and is working on a process to collate this information. The Christchurch Methodist Mission Māori Bicultural policy include a process of reporting the cultural component of admission data within the Board report. There is an established partnership with Ngāi Tahu and the Christchurch Methodist Mission cultural lead is working with local Māori community, health practitioners and Māori health organisations to improve health outcomes for their Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed (two rest home, including one on respite and four hospital level, including one resident on a younger person with disability contract (YPD) contract). The RNs 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; and this is documented in progress notes and whānau and family contact form.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. There is an interRAI schedule in the nurses' station that alert of any upcoming interRAI assessments that are due. The previous finding related to (NZS 8134:2008 criterion #1.3.3.3) has been addressed.</p> <p>The respite resident had initial assessments, including detailed pain assessment combined with an Abbey pain scale, mobility and falls risk assessment, skin and pressure injury risk assessment, and health status/clinical risk assessment. The YPD resident had interRAI assessments completed and a long-term care plan evidence</p>

	<p>interventions to manage physical and cognitive needs. The YPD resident had community links documented and is supported to maintain links with family and friendships. The resident interviewed stated they feel very supported to maintain their independence. Interventions are documented to a level of detail that sufficiently guide staff in the care of the residents. The previous finding related to (NZS8134:2008 criterion #1.3.5.2) has been addressed.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan is holistic, individualised and reflect the person centred and strength-based philosophy.</p> <p>A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. There are three GPs from the same practice that reviews the residents at least three-monthly or earlier if required. The GPs provides after-hours support when needed. The GPs each visit weekly and as required. One GP interviewed commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, community gerontology nurse, community stroke team, local hospice and wound care specialist nurse is available as required through Te Whatu Ora Health New Zealand -Waitaha Canterbury service. The physiotherapist is contracted to attend to residents twice a week. There is a physio assistant employed to work Monday to Friday.</p> <p>Healthcare assistants 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. Healthcare</p>
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	<p>assistants and RNs document progress notes at least daily for all residents. There is regular documented input from the GP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>Thirty-one wounds were recorded across three wound registers. Assessments and wound management plans, including wound measurements and photographs were reviewed. Wounds are dressed within the frequency stated on the wound management plan. Wound assessment, wound management, evaluation, and wound monitoring occurred as planned in the sample of wounds reviewed. RNs have completed wound care management training in June 2022. There is regular input from a wound nurse specialist into the chronic wound and pressure injury care.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including: observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; repositioning charts; intentional rounding; blood sugar levels; neurological observation monitoring; and toileting regime. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case</p>
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		<p>conference meeting. Family is invited to attend the MDT case conference meeting. Short-term issues such as infections, weight loss, and wounds are completed and signed off when resolved.</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>A team of two diversional therapists and one activities coordinator implement the WesleyCare activities programme across the service to meet the physical and cognitive abilities of the resident groups. The programme is facilitated over seven days a week.</p> <p>WesleyCare has a van available for the weekly outings. There are regular entertainers visiting the facility. Special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day and Christmas and theme days are celebrated.</p> <p>The service ensures that their staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori, through te reo lessons, waiata group with other kaumātua from the village and, hui at the marae. Other opportunities include visits from preschool children and a whānau support centre.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Healthcare assistants, ENs and RNs responsible for medication administration complete medication competencies annually. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There was one resident self-administering medication on the day of audit. Assessments, reviews, storage, and procedures relating to self-administration of medication had been adhered to.</p> <p>The service provides appropriate support, advice, and treatment for all residents. RNs and the GP are available to discuss treatment options to ensure timely access to medications.</p>

		<p>Medication fridge and room air temperature are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>The RN (unit coordinator) interviewed could describe the process for 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> <p>Staff received medication training in medication management/pain management as part of their annual scheduled training programme. A recent quality improvement action plan was implemented and signed off following missing medication. The corrective action related to the improvement of the delivery process of medication was sighted as implemented and signed off.</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 chef interviewed was knowledgeable around food protocols and can provide food options that are culturally specific to te ao Māori. There is evidence in the upstairs and downstairs pantry that decanted food is dated and labelled when put in a closed lid container. The kitchen audits evidence that the process is regularly checked and embedded within the food control processes. The finding at the previous audit related to (NZS 8134:2008 criterion #1.3.13.5) has been addressed. Food services staff have all completed food safety and hygiene courses.</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>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care, as evidenced in two of the six files reviewed (admission to public hospital). There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely, coordinated, and safe manner. Discharge notes and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</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>There is a current building warrant of fitness that expires 1 January 2023. The maintenance manager works full time (Monday to Friday), this role oversees maintenance of the site, and contractor management. They are supported by a property manager. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident 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 and added to a register. Testing and tagging of electrical equipment and calibration of medical equipment is completed annually as scheduled.</p> <p>The environment is welcoming; kaumātua report physical surroundings and general environment support their culture. The service has no current plans to build or extend; however, the Māori Bicultural policy stated Christchurch Methodist Mission will liaise with kaumātua, whānau group and their links within the Māori community to ensure aspirations and Māori identity are included.</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 and fire evacuation drills have been completed every six months. The building is secure after hours, there is CCTV in key areas and staff complete security checks at night. A security company performs patrols overnight. Visitors are identified through a sign in process at reception.</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 infection control manual includes a pandemic plan which includes preparation and planning for the management of lockdown, business contingency plan, screening, transfers into the facility and management of positive tests. There are outbreak kits readily available, and a personal protective equipment cupboard and trolleys set up ready to be used. The personal protective equipment (PPE) stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible.</p> <p>The service is planning to provide educational resources in te reo. The service encourages and incorporates Māori participation in infection prevention in order to provide culturally safe practice and acknowledge Te Tiriti o Waitangi, this was documented in the infection control prevention and AMS policy. Staff interviewed could describe ways they practice in a culturally safe manner in relation to infection control.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an electronic system and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, six-monthly and annually. Infection control surveillance is discussed at infection control and facility meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of</p>

<p>an equity focus.</p>		<p>concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Health New Zealand- Waitaha Canterbury for any community concerns.</p> <p>There had been four Covid-19 exposure outbreaks reported between March and October 2022. All were appropriately managed with Te Whatu Ora Health New Zealand -Waitaha Canterbury and Public Health was appropriately notified. Outbreak logs were completed, and the service is working towards incorporating ethnicity data related to infections. There was daily communication with the portfolio manager of Te Whatu Ora Health New Zealand- Waitaha Canterbury. Daily outbreak management meetings occur (sighted) and captured `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks.</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>Restraint minimisation and restraint monitoring guidelines 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 Christchurch Methodist Mission Māori Bicultural policy stated the facility will work in partnership with Māori, to promote and ensure services are mana enhancing with least restrictive practices. The policy also stated `promotion of tikanga Maori is interwoven across all parts of the organisation`. Restraint minimisation, managing distressed behaviour and associated risks are included as part of the mandatory training plan and orientation programme. At the time of the audit, the facility has three residents using restraint and includes bedrails and chair belts. The goal is to eliminate the use of restraint.</p> <p>The restraint coordinator is the clinical/quality manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the clinical/quality manager described the organisation's commitment to minimise restraint use. The reporting process to the governance body includes data gathered and analysed</p>

		<p>monthly that supports the ongoing safety of residents and staff. The restraint committee meets every six months to review restraint, falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. A review of the restraint documentation for residents requiring restraint, includes an assessment, consent, monitoring, and three-monthly evaluation. The restraint approval process includes the resident (if competent), GP, clinicals/quality manager, RN and family/whānau approval. The type of restraint, associated risks and frequency of monitoring required, are included in the care plan. Monitoring of restraints is completed and also indicated in progress notes.</p>
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Specific results for criterion where corrective actions are required

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

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

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

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.