

# The Willows Home and Hospital Limited - The Willows Home and Hospital

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## Introduction

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

The audit has been conducted by The DAA Group Limited, 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:

<b>Legal entity:</b>	The Willows Home and Hospital Limited	
<b>Premises audited:</b>	The Willows Home and Hospital	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 21 February 2023	End date: 22 February 2023
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	26	

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# Executive summary of the audit

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## 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

The Willows Home and Hospital provides rest home and hospital level care for up to 28 residents. The service is operated privately, and the owner/operator is the manager. The owner/operator/manager is supported by an administrator/maintenance manager and a nurse manager who is a registered nurse. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora – Te Toka Tumai (Auckland). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and a general practitioner.

The audit identified areas of improvement required in documentation, staffing, storage of information, care planning and assessments, activities, medication, and infection control practices.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Policies are in place to support residents' rights, communication, complaints management and protection from abuse. Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code) and these are respected.

Residents' personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if needed. Residents and family members are informed of the complaints process during admission, confirmed by residents and families during interview.

Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Principles of mana motuhake practice were shown in service delivery.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

**Hunga mahi me te hanganga | Workforce and structure**

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The owner/operator/manager assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The Willows Home and Hospital is focused on improving service delivery and care. Actual and potential risks are identified and mitigated.

The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and the skill mix meets the cultural needs of residents. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service's policies and procedures provide documented guidelines for access to the service.

Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The activities co-ordinator provides activities having discussed with the residents on the day what they would like to do.

There is a medicine management system in place. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. All medications are reviewed by the general practitioner (GP) every three months. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week. Food is safely managed. Residents verified satisfaction with meals.

Residents are referred or transferred to other health services as required.



## Te aro ki te tangata me te taiao haumarū | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

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

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. A suitably qualified nurse manager leads the programme.

Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices. The laundry is completed on site.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

## 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 service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews

occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## 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	18	0	6	3	0	0
Criteria	0	138	0	7	4	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

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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>	PA Low	<p>The Willows Home and Hospital has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work.</p> <p>A Māori health plan is in place for residents who identify as Māori in consultation with whanau and staff that identify as Māori. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. Mana motuhake is respected. Currently there are three residents that identify as Māori and who do not have their Māori cultural needs identified in the care plan. There are currently two staff employed that identify with their Māori culture. Ethnicity is not recorded.</p> <p>The owner/operator/manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies (when they arise) would be employed if appropriate for the applied role. The service is working towards building relationship with iwi and Māori organisations</p>

		to allow for better service integration, planning and support for Māori.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Willows Home and Hospital identifies and works in partnership with the residents and Pacific families to provide an individual Pacific plan that support culturally safe practices for Pacific peoples using the service. Pacific people's residents and family interviewed felt their worldview, cultural and spiritual beliefs were embraced. There were nine residents and five staff who identify as Pasifika. Residents are encouraged and participate in cultural activities within the facility and out in the community. The service is working towards developing a partnership with local community Pasifika groups.</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>	FA	<p>Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p> <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed in the reception area.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service during the admission process and were provided with opportunities to discuss and clarify their rights. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p>

		The service recognises Māori mana motuhake by utilising the cultural safety assessment. Residents, family/whānau or their representative of choice were involved in the assessment process to determine residents' wishes and support needs.
<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>	FA	<p>Residents and families confirmed they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices. Staff were observed to maintain privacy throughout the audit. Resident, family/whānau and staff interviews, and observation confirmed that privacy is respected: staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided and residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private.</p> <p>Care plans included documentation related to the resident's abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff described how they support residents to choose what they want to do. Residents stated they had choices and were supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy are in place with training part of the education completed. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Resident's spiritual needs are identified and supported. Residents and whānau confirmed they receive services in a manner that has regard for their dignity, gender, privacy, sexual</p>

		<p>orientation, spirituality, and choices.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Interviews with staff confirmed their understanding of the cultural needs of Māori, including the importance of involving family/whānau in the delivery of care.</p> <p>The service is in the process of incorporating te reo Māori and tikanga Māori in all the activities and promoting it throughout the organisation by displaying arts that signify Māori symbols, values, and beliefs. The service is working towards adding te reo in the activities calendar so that it can be celebrated.</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>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p> <p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation. Residents confirmed that they are treated fairly.</p> <p>There are related policies for healthcare staff to maintain professional boundaries ensuring the finances of residents are protected within the scope of the service. Residents' property is labelled on admission.</p>

		<p>The nurse manager stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimization; these include the complaints management processes, residents' meetings, and satisfaction surveys.</p> <p>The service is working towards implementing a strengths-based and holistic model of care using Te Whare Tapa Whā to ensure wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and family/whānau on admission. Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events or changes related to Covid-19 through emails and phone calls.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau. Residents and family members interviewed stated they were kept well informed about any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was also supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services are used where indicated. Staff have completed</p>



		<p>annual education related to communication with residents with a speech impairment and cognitive disabilities.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and public hospital (e.g., dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health and wound nurse specialist). The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Informed consent policies provide relevant guidance to staff. Residents and/or their legal representative are provided with the information necessary to make informed decisions. Best practice tikanga guidelines in relation to consent and the Code are used in obtaining consent. Informed consent forms are available in nine languages including Māori, Samoan, Tongan, Cook Island and Niuean.</p> <p>Registered nurses and health care assistants interviewed understood the principles and practice of informed consent. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day-to-day care.</p> <p>The service has a resuscitation protocol policy in place. Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the general practitioner (GP) for resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs.</p>

		Residents confirmed being provided with information and being involved in making decisions about their care. The nurse manager reported that residents can be offered a support person through the advocacy services when required.
<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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There have been three complaints since the previous audit. One complaint was in regard to a verbal altercation between two residents, the second was related to lost property and the third complaint was in relation to a resident been woken by a light that had been turned on at night. These complaints were managed by the owner/director/manager in a timely manner with evidence showing that in all three cases the complainant was happy with the outcomes.</p> <p>No complaints have been received from Te Whatu Ora – Te Toka Tumai Auckland, the Health and Disability Commissioner (HDC) or Ministry of Health (MoH) since the last audit.</p> <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The complaints management system has not been reviewed to ensure this works effectively for Māori. The facility manager/owner/director expressed that support would be offered and put into place if required.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	The owner/director/manager assumes accountability for delivering a high-quality service through providing a leadership structure that is

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>appropriate to the size and complexity of the facility and is responsible for the day to day running of The Willows Home and Hospital through:</p> <ul style="list-style-type: none"> <li>- defining a governance and leadership structure, including clinical governance that is appropriate to the size and complexity of the service.</li> <li>- identifying the purpose, value, direction, scope and goals for the service, and monitoring and reviewing performance at planned intervals.</li> <li>- demonstrating leadership and commitment to quality and risk management.</li> </ul> <p>The facility manager/owner/director confirmed knowledge of the sector, regulatory and reporting requirements, maintains currency within the field. The facility owner/director/manager attends all staff meetings. Staff interviewed stated that information is provided and discussed at a high level covering all areas of organisational and clinical aspects. Meeting minutes for the past 12 months did not show adequate information in regard to clinical and quality aspects to reflect discussion that occurred (see criterion 2.2.2).</p> <p>The owner/director/manager is on site Monday to Friday and available on call after hours for non-clinical matters. The nurse manager/registered nurse works Monday to Friday and provides a 24 hour on call service. There are five registered nurses in total, hold current practicing certificates and are experienced in aged care. The nurse manager and two registered nurses are interRAI trained.</p> <p>The /owner/director/manager has attended cultural safety training. Training on equity has not occurred as noted in the training records reviewed. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated. The service is working towards having Māori</p>
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		<p>representation whom will provide substantive input into organizational operational policies. Interviews with residents and families confirmed that they are very happy with the cultural aspects of care and support provided.</p> <p>The service is working towards improving outcomes and achieving equity for tāngata whaikaha people with disabilities.</p> <p>There were 26 residents at the time of audit. The facility holds contracts with Te Whatu Ora – Te Toka Tumai Auckland for rest home and hospital level of care and includes - Aged Related Residential Care, Long-term support – Chronic Health conditions, Disability support services –Whaikaha, Accident Compensation Corporation (ACC) residential support services.</p> <p>There were 16 residents receiving hospital level care, two of those 14 residents were under the long-term chronic contract and a further two residents were supported by long term ACC residential support services. Eight residents were receiving rest home level care with three of those eight residents under the long-term chronic contract (LTCH). Three residents were supported by the disability support services contract (MoH). There were no boarders.</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>	PA Low	<p>The service has a planned quality and risk system that reflects the principles of continuous quality improvement.</p> <p>Residents interviewed confirmed that they are aware of what is happening within the facility and contribute through day-to-day discussions. However, no formal resident meetings occur.</p> <p>The owner/director/manager and the nurse manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies for the service. Covid-19 information was documented well. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of</p>

		<p>incidents forms reviewed showed these were fully completed including neuro observations for unwitnessed falls, incidents were investigated, action plans developed. Audits have been completed and corrective actions are developed and implemented to address any shortfalls, however, the majority of audit corrective actions for the past 12 months were not signed off as closed.</p> <p>The infection control nurse completes a monthly infection analysis; however, no one was able to read the writing in the report as the writing was indecipherable. Monthly and/or annual analysis does not occur for incidents. Meeting minutes showed evidence of regular meetings and high staff attendance. Meeting minutes showed for example, how many incidents and infections had occurred for the month, audits that had been completed and residents of concern, however, the meeting minutes did not reflect in detail what was discussed, actions and/or outcomes specific to each topic. Staff interviewed confirmed that they are advised of quality and risk information via the staff meetings and at handover of shifts.</p> <p>A staff satisfaction survey in December 2022 showed that staff were 100% satisfied. A resident and whanau survey in January 2022 with 10 of 28 survey returns showed the majority of residents and whanau were satisfied, however, there were a few issues around laundry. The owner/manager/director has acknowledged this, and the service has bought a new washing machine and dryer.</p> <p>Willows Home and Hospital is yet to complete a critical analysis of their practices aimed to improve health equity with the facility.</p> <p>There have been no section 31 notifications since the last audit.</p>
Subsection 2.3: Service management	PA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe</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>Moderate</p>	<p>care, 24 hours a day, seven days a week (24/7).</p> <p>Monday to Friday the owner/director/manager works 8.00am – 4.00pm, the nurse manager works 7.00am to 4.00pm. The nurse manager is on call when not on site. There is a maintenance person who works Monday to Friday. There is a registered nurse on each shift. The health care assistants have a dual role of providing cares and laundry Monday to Friday and cleaning on Saturday and Sundays. Monday to Sunday there are three care staff who work 7.00am – 3.00pm and one care staff who works 7.00am – 1.00pm. Of an afternoon shift there is one caregiver who works 3.00pm – 11.00pm. The night RN is supported by one care staff who works 11.00pm – 7.00am. The activities co-ordinator works Tuesday to Friday from 10.30am – 3.00pm. There is a cleaner Monday to Friday from 10.00 am to 3.00pm. There are two cooks who cover Monday to Sunday from 7.00 am – 2.00pm. The evening meal is supported by a health care assistant who has completed food hygiene safety and works Monday to Sunday 4.00 to 8.00pm.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents with the support of the nurse manager working on the floor. Care staff reported there were adequate staff to complete the work allocated to them. The care staff hours are below the requirement for this home in meeting the acuity of current residents. At least one staff member on duty has a current first aid certificate. Residents/whanau interviewed were happy with the care provided. Staff interviewed confirmed they were happy with work allocated to them. There are insufficient health care assistant hours to cover the current residents admitted and their high acuity of care they are assessed as.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. All care staff are medication</p>
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		<p>competent and support the registered nurses as second checkers. The service is working towards providing training and competencies regarding equity.</p> <p>Staff reported feeling well supported and safe (including culturally) in the workplace. The owner/director/manager interviewed confirmed they have an open-door policy and staff interviewed confirmed this.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Policies and procedures were in place and based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There are job descriptions available. Records of professional qualifications are on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported. Staff performance is reviewed and discussed at regular intervals. Staff ethnicity is not yet been recorded.</p> <p>Staff interviewed confirmed they felt well supported especially in relation to the COVID-19 pandemic.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit with the residents' files secure in the nurse's station. The owner/operator/manager's office is where all other information is stored securely.</p>

		The Willows Home and Hospital is not responsible for National Health Index registration of people receiving services.
<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>	PA Low	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Policies and procedures guide this process. Assessment confirming the appropriate level of care and NASC authorisation was held in files reviewed. Enquiries are managed by the owner/manager with the support of the clinical team to assess suitability for entry, however, there is no clear process of managing and communicating the decisions for declining entry to service.</p> <p>Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p> <p>Work is in progress to collect ethnicity data and implement routine analysis of entry and decline rates including specific rates for Māori. The service is working towards developing a relationship with the local marae to access a Māori cultural advisor.</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>	PA Moderate	The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. Information is documented using validated nursing



<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>assessment tools such as pain scale, falls risk, skin integrity, and nutritional screening, to identify any deficits and to inform care planning.</p> <p>Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, referral information, and the NASC assessments served as a basis for care planning. Four out of the five files reviewed had interRAI completed after 21 days of admission into the facility. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed but interRAI outcome measures are not used to support care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process. All interRAI assessments were current, however, four out of five care plans reviewed do not reflect the resident's current needs as identified in the interRAI assessment.</p> <p>Care plans were developed with the residents and their legal representatives or family where appropriate and includes wellbeing, community participation, meeting physical needs and health needs of residents. Three out of five files showed resident progress was different from expected, but there were no changes initiated to the care plan e.g., a resident presented with challenging behaviour, but this was not reflected in the care plan. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. Two of the five files reviewed showed that a resident had developed an acute condition but there is no evidence of a short-term</p>
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		<p>care plan completed.</p> <p>Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes, however, two of the five files reviewed showed six monthly care plan evaluations are overdue.</p> <p>Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. Three of the five files reviewed were of Māori residents and did not have their cultural needs identified in their care plan. The staff confirmed they understood the process to support residents and whānau. Residents and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision is acknowledged in the Māori and Pacific people's policy and the nurse manager reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. On call services are provided as required. The GP interviewed, verified that medical input is sought in a timely manner, medical orders are followed, and care is excellent.</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>	PA Low	<p>An activities coordinator provides activities to the residents. The activities provided are not individualised. There is no evidence of a planned activities programme e.g. activities calendar.</p> <p>A social assessment and history are undertaken on admission to</p>

<p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>ascertain residents' needs, interests, abilities, and social requirements.</p> <p>The activities coordinator visits each resident daily and for residents that are bed bound and/or choose not to come out of their bedrooms, one to one activities and daily conversation is provided. Activities reflected residents 'ordinary patterns of life and included normal community activities. Individual, group activities and regular events and van trips are offered.</p> <p>The service is working towards including te ao Māori in the activities programme and as part of staff education.</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>PA Moderate</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in accordance with requirements.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>There were no resident self-administering medications at the time of</p>

		<p>audit. The registered nurse (RN) interviewed was able to demonstrate knowledge on self-medication administration. The facility does not use standing orders.</p> <p>The staff observed, demonstrated good knowledge, and clearly understood their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The RN oversees the use of all pro re nata (PRN) medicines, however, there were four doses of PRN medicines administered in 72 hours and there was no documented evidence that the effectiveness was monitored. Current medication competencies were evident in staff files. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The medication charts reviewed had no medication reconciliation completed in the last two months.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the nurse manager or RN. Registered nurses interviewed demonstrated knowledge on management of adverse event. The service has policies and procedures on management of adverse events.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</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</p>	FA	<p>The food is prepared on site by the cook and is in line with recognised nutritional guidelines for older people. The menu is due for review by a qualified dietitian on 07 February 2023. The menu follows summer and winter pattern in a four-weekly cycle.</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration issued by Ministry for Primary Industries. The current food control plan will expire in June 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder. Evidence of resident satisfaction with meals was verified by resident and family interviews. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Māori, Indian and Pacific Island theme menus and recipes were available in the kitchen. Meals were served in the dining rooms. Residents who choose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu.</p> <p>The chef interviewed has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau /EPOA. The service uses the Te Whatu Ora – Te Toka Tumai (Auckland) ‘yellow envelope’ system to facilitate transfer of residents to and from acute care services.</p> <p>Residents’ families reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. InterRAI reassessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the resident’s progress notes.</p> <p>The nurse manager reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents’ files sampled, including to the palliative care team and wound nurse specialist.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness with an expiry date of 9 February 2024 is on display in the main corridor. Testing and tagging of electrical equipment are current as are the calibration and safety checks of biomedical equipment. Hot water temperatures are safe, and a maintenance schedule is upheld.</p>

<p>belonging, independence, interaction, and function.</p>		<p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. The owner/operator/manager confirmed that should any building alterations or new builds be required consultation will be sought from Māori and residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service and was dated December 2008. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent trial was last completed on the 3 November 2022. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. Closed-circuit television (CCTV) cameras were evident in the main corridors of the facility, there was no evidence of signage and/or informed consent from residents. Residents and staff were familiar with emergency and security arrangements. Security checklists were sighted as signed off for each</p>

		shift. Staff ensure that building is locked, and windows are closed during the afternoon and night duties with rounds occurring regularly.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and are linked to the quality improvement system and monthly meetings, however, infections are not analysed or reviewed, or evidence identified in meeting minutes as discussed (see criterion 2.2.3). A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>The GP interviewed stated that discussions regularly occur with the nurse manager in regards to antimicrobial stewardship (AMS) and they are available for advice and support as required.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested with the recent Covid-19 outbreaks. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly as evident in meeting minutes/staff notices and training specifically related to Covid-19.</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 coordinator (ICC) is responsible for overseeing and implementing the IP programme at the service level with reporting lines to the owner/ manager. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description.</p> <p>The IPC programme implemented is clearly defined and documented. The IPC programme is reviewed annually.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control</p>



		<p>standards and include appropriate referencing. The clinical team has input into other related clinical policies that impact on health care associated infection (HAI) risk.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>Staff interviewed were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. On the day of the audit however a staff member was observed working in the laundry. The staff member was wearing a cloth apron and was observed to be reaching inside a full dirty laundry bin exposing arms and cloth apron (refer to criterion 5.5.4). Hand washing and sanitiser dispensers were readily available in the facility.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained.</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>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated, however, there is no analysis completed to identify any trends, possible causative factors and actions plans (refer to criteria 2.2.3). The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of the surveillance programme are shared with staff in the staff meetings.</p> <p>Infection prevention audits were completed including cleaning, laundry,</p>

		<p>and hand hygiene. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. The nurse manager monitors the infection events recorded weekly and the owner/manager receives a notification for high-risk infections. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. Service is working towards including the ethnicity data in the infection surveillance report.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	PA Low	<p>There are documented processes for the management of waste and hazardous substances.</p> <p>Staff follow documented processes for the management of waste and hazardous substances. The current practice of staff handling dirty linen does not meet infection control requirements. On the day of the audit a staff member was observed working in the laundry. The staff member was wearing a cloth apron and was observed to be reaching inside a full dirty laundry bin exposing arms and cloth apron. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide the relevant training for staff. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room and staff interviewed knew what to do should any chemical spill/event occur. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use.</p> <p>There was a sufficient amount of PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p>

		<p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean throughout. Laundry is undertaken on site in a dedicated laundry area. Laundry is undertaken by health care assistants and cleaners. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed.</p> <p>Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</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>	FA	<p>Maintaining a restraint free environment is the aim of the service. The /owner/director/manager demonstrated commitment to this. At the time of audit there were no restraints used. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.2</p> <p>My service provider shall ensure my services are operating in ways that are culturally safe.</p>	PA Low	There are three residents that identify as Māori. Residents and whanau interviewed were happy with the cultural aspects of their care and whanau were included in the resident's care planning of daily activities of living. Staff that identify as Māori interviewed confirmed that they were part of the resident's support in initiating equitable support.	Residents that identify as Māori do not have their Māori cultural needs identified in their care plan.	<p>To ensure that all residents that identify as Māori have their Māori cultural needs identified in their care plan.</p> <p>180 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Staff meeting minutes were reviewed. Staff records showed high levels of attendance. Staff interviewed stated that information is provided and discussed at a high level covering all areas of organisational and clinical aspects including infections, infection prevention, training topics, hazards, incidents, and residents of concern. Meeting	The majority of meeting minutes for the last 12 months did not show evidence of detailed discussions and actions discussed. Resident meetings do not occur. No one was able to understand and/or interpret the handwritten	<p>To ensure that all meeting minutes reflect detailed discussions and actions discussed. To ensure that resident meetings occur. To ensure that handwritten documents are legible.</p>

		<p>minutes are not completed in specific detail to reflect topics, actions, and discussions. Infections were analysed on a monthly basis however the handwriting of the infection control co-ordinator was indecipherable.</p> <p>Residents and whanau interviewed confirmed that they were happy with the care and activities provided and confirmed that conversations occur one to one in regard to what activities are to occur and if they have any concerns. There is an awareness that the owner/director/manager has an open-door policy and residents felt comfortable in meeting with her if required.</p>	analysis completed for monthly infections.	180 days
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Residents and whānau interviewed were happy with care and interventions provided. The GP interviewed was happy with the care provided. Staff interviewed confirmed that they were provided with information about infections and incidents, and this was discussed in at staff meeting minutes and handover. Infection and incident rates remain low. Infections are analysed; however, no one is able to read the writer's handwriting. Infections and incidents are recorded, however, are not analysed and/or reviewed on a monthly and/or annual basis against quality outcomes.</p> <p>Audits are completed as per the calendar year, staff reported that corrective actions are</p>	Not all quality is evaluated for outcomes and not all corrective actions are signed off as closed.	<p>To ensure that all quality outcomes are evaluated, and corrective actions are implemented then signed off as closed.</p> <p>180 days</p>

		implemented. The corrective actions once completed are not signed off as closed.		
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	<p>The staff roster system was reviewed. Staff are replaced when staff absences occur. Staff interviewed were happy with their allocated work. There is a health care assistant rostered on an afternoon shift from 4.00pm – 8.00pm, their role is to support with the evening meal, tiding and closing of the kitchen. There is a total of six health care assistants rostered per day however on an afternoon shift (3.00pm – 11.00pm) there is one registered nurse and one health care assistant to currently support 26 residents, 16 of those residents assessed as requiring hospital level care and require a high acuity of care.</p>	<p>There are insufficient health care assistant hours to cover the current residents admitted and their high acuity of care required on an afternoon shift.</p>	<p>To ensure that there is adequate health care assistant support/hours to meet the requirements for up to and including the current 26 residents.</p> <p>30 days</p>
<p>Criterion 3.1.4</p> <p>There shall be clear processes for communicating the decisions for declining entry to a service.</p>	PA Low	<p>Enquiries are managed by the owner/manager with the support of the clinical team to assess suitability for entry, however, there is no clear process of managing and communicating the decisions for declining entry to service.</p>	<p>There is no clear process of managing and communicating the decisions for declining entry to service.</p>	<p>To have a system which has a clear process for communicating the decisions for declining entry to a service.</p> <p>180 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau</p>	PA Moderate	<p>A range of clinical assessments, referral information, and the NASC assessments served as a basis for care planning, however, four out of the five files reviewed had interRAI assessments completed after 21 days of admission into the facility.</p>	<p>Four out of the five files reviewed had interRAI assessments completed after 21 days of admission into the facility.</p>	<p>Residents are to have their interRAI assessment completed within 21 days of admission.</p> <p>90 days</p>

shall be involved when the person receiving services requests this.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA</p> <p>Moderate</p>	<p>I. Three of five files showed resident progress was different from expected but there were no changes initiated to the care plan e.g., a resident presented with challenging behaviour, but it did not reflect in the care plan.</p> <p>II. Two of the five files reviewed showed the resident had developed an acute condition but there was no evidence of a short-term care plan completed.</p> <p>III. All interRAI assessments were current. However, four of five care plans reviewed do not reflect the resident's current needs as identified in the interRAI assessment.</p> <p>IV. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes, however, two of the five files reviewed showed six monthly care plan evaluations are overdue.</p> <p>V. Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process, however, three of the five files reviewed were of Māori residents who did not have their specific cultural needs included in their care plan.</p> <p>VI. All residents' files sampled had current interRAI assessments completed but interRAI outcome measures are not used to</p>	<p>I. There was no evidence that changes were initiated in the care plan when residents progress was different from expected.</p> <p>II. Short term care plans were not completed for acute conditions.</p> <p>III. The residents' identified needs are not reflected in the care plans.</p> <p>IV. Six monthly care plan evaluations are overdue.</p> <p>V. Māori residents do not have a Māori health care plan.</p> <p>VI. InterRAI outcome measures are not used to support care plan goals and interventions.</p>	<p>I. Where progress is different from expected changes to care plan needs to be initiated.</p> <p>II. All acute condition requires a short-term care plan.</p> <p>III. Residents care plan needs to reflect the resident's current needs as identified in the interRAI assessment.</p> <p>IV. All care plans are to be evaluated every six months.</p> <p>V. Cultural needs for Māori need to be specifically identified and documented in care plans.</p> <p>VI. InterRAI outcome measures are to be used to support care plan goals and interventions.</p> <p>90 days</p>



		support care plan goals and interventions.		
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Low	An activities coordinator provides activities to the residents. The activities provided are not individualised. There is no evidence of a planned activities programme e.g. activities calendar.	There is no evidence of individualised activities programme.	<p>Service provider to ensure there is a system in place to develop and enhance resident's strengths, skills and interests which is responsive to their identity e.g., an activities calendar.</p> <p>180 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Moderate	<p>I. The RN oversees the use of all pro re nata (PRN) medicines, however, there were four doses of PRN medicines administered in 72 hours and there was no documented evidence that the effectiveness was monitored.</p> <p>II. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Medication charts reviewed had no medication reconciliation Completed in the last two months.</p>	<p>I. Four doses of PRN medicines were administered in 72 hours and there was no documented evidence that the effectiveness was monitored.</p> <p>II. Ten of the 10 medication charts reviewed had no medication reconciliation completed in the last two months.</p>	<p>I. All PRN medicine administered is to be monitored and documented for effectiveness.</p> <p>II. All medications received from the pharmacy are to have medication reconciliation completed and documented in the individual resident's medication chart.</p> <p>30 days</p>
<p>Criterion 4.2.6</p> <p>Service providers shall identify and implement appropriate security arrangements relevant to the</p>	PA Low	Staff lock all windows and doors at sunset and complete regular checks throughout the night. The main door has a call bell if someone is wanting to enter the premises once doors are locked. The exterior of the	There is no evidence documenting that residents are aware and/or have been provided information about the CCTV cameras in the building.	To provide evidence to ensure that all residents are aware of the CCTV cameras in the building.

people using services and the setting, including appropriate identification.		building has sensor lights. Closed circuit television (CCTV) cameras are situated in the main corridors of the facility. There is no signage acknowledging the cameras. Residents were present when the cameras were been installed. More recent residents admitted to the facility have been informed about the cameras in their admissions agreement. Residents, whanau, and staff interviewed were aware of the cameras, however, there is no documented evidence of discussions occurring with residents re: informed consent.		180 days
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a</p>	PA Low	On the day of the audit a staff member was observed working in the laundry. The staff member was wearing a cloth apron and was observed to be reaching inside a full dirty laundry bin exposing arms and cloth apron.	There is a risk of cross infection to staff and residents in regard to current laundry practices.	<p>To ensure safe handling of dirty laundry.</p> <p>30 days</p>

written policy.				
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.