

South Wellington Lifecare Limited - Vincentian Home for the Elderly Berhampore

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 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:

Legal entity:	South Wellington Lifecare Limited
Premises audited:	Vincentian Home for the Elderly Berhampore
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 March 2023 End date: 2 March 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	51



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Vincentian Home for the Elderly, Berhampore provides hospital and rest home level care and care for young people with disabilities for up to 54 residents. The service is operated by South Wellington Lifecare Limited. On the day of audit 51 beds were occupied. This unannounced surveillance audit against Nga Paerewa 8134:2021 included review of policies and procedures, residents' and staff files, observations and interviews with residents, family/whānau, managers, staff, and a general practitioner.

Strengths of the service include a wireless nurse call system and a monthly newsletter.

Improvements are required relating to medication competencies.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Vincentian Home for the elderly works collaboratively to support and encourage a Māori world view of health in service delivery throughout the facility. There are several residents and staff who identify as Māori in the service.

Vincentian Home for the elderly works collaboratively with staff to support residents in all aspects of service delivery. All staff receive cultural training that includes Te Tiriti o Waitangi, pronunciation of te reo Māori, cultural diversity and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identify as Māori are treated equitably and confirmed that their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated into daily practices.

Residents and relatives/whānau confirmed they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Residents and family/whānau are informed about the complaints process at the time of admission. An electronic complaints management system is maintained and demonstrated complaints are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

The quality and risk management systems are focused on improving service delivery and care. Residents, families/whānau and staff provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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On admission to the Vincentian Care Home for the elderly residents receive a person-centred and family/whānau-centred approach to care. The service conducts routine analysis of entry rates, this included specific data for entry rates for Māori.

Residents and their family /whānau participate in the development of a pathway to wellbeing, through timely assessment that is planned, co-ordinated and reviewed to address resident's needs. Care plans are individualised and demonstrate wellbeing outcomes for all.

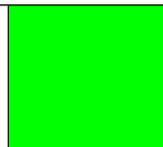
The activity programme offers a diverse range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with family/whānau with residents noting their activities of interest. Residents and their EPOA/whānau/family expressed satisfaction with the activities programme in place.

All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service is prepared on-site by an external contractor. The service provided meets the nutritional needs of the residents with special cultural needs catered for. The service is happy to provide Māori and their family/whānau with menu options that are culturally specific to te ao Māori.

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.

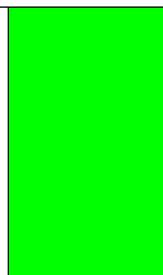


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. External areas are accessible and meet the needs of people with disabilities. The environment is inclusive of people's cultures.

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

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



Subsections applicable to this service fully attained.

Vincentian Home for the elderly 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. The programme is coordinated by an infection control nurse. There is a pandemic plan in place which is assessed periodically.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented 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 aims for a restraint free environment. This is supported by the governing body and policies and procedures. Three residents were using restraints at the time of the audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place 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	21	0	0	1	0	0
Criteria	0	53	0	0	1	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>Vincentian Home is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles.</p> <p>There were staff and residents who identified as Māori on the day of 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> <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</p>	FA	<p>There were residents and staff who identified as Pasifika on the day of the audit.</p> <p>Vincentian Home has a Pacific Peoples’ cultural policy that was developed with input from the wider Pasifika community. It includes Pacific models of care and guides staff to deliver safe services to Pasifika people. The plan was sighted.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference.</p>

health outcomes.		
<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>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori at the entrance to Vincentian Care Home for the elderly (Vincentian). Residents who identified as Māori were evidenced to have their mana motuhake recognised and respected.</p> <p>Enduring Power of Attorney (EPOA)/family/whānau/or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. Services provided are guided by the cultural policies and training sessions that outline cultural responsiveness to residents' who identify as Māori.</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>	FA	<p>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.</p> <p>Staff at Vincentian have had Cultural training that included training on Te Tiriti o Waitangi, and this is reflected in their practice. Interviews verify staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and their family/whānau reported that their values, beliefs, and language is respected in the care planning process. The service was evidenced to respond to tāngata whaikaha needs, and to enable their participation in te ao Māori, when this was desired.</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>Policies and procedures outline the commitment by Vincentian to promote an environment that does not support institutional and systemic racism. Cultural training includes discussion on institutional and systemic racism, and the ability to question its existence at Vincentian if it was thought to exist.</p> <p>The manager and clinical manager (CM) stated they had not observed or had any reported racism, abuse, or exploitation at Vincentian. If this did occur, it would be addressed promptly. Staff and management are</p>

		<p>guided by a code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and are protected from abuse and neglect.</p> <p>During interview, the CM stated that a holistic model of health at Vincentian is promoted, that encompasses an individualised approach and ensures best outcomes for all. This was sighted in documentation and observation of the care being provided.</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>Vincentian has best practice tikanga guidelines around informed consent in place to guide staff. Two staff members who identify as Māori, a Māori advisor from Tapu Te Ranga marae and resident's family/ whānau assist staff to support residents with informed consent. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice.</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>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 of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>The facility manager (FM) is responsible for complaints management and follow up.</p> <p>Two complaints had been logged since the last audit, both on the day before the audit. The FM reported and evidence was sighted that one</p>

		<p>complaint had been investigated and resolved satisfactorily. The FM reported, and evidence was sighted that the second complaint had been investigated, and that the incident would be addressed at the next staff meeting.</p> <p>No complaints have been received from the Health and Disability Commissioner, Te Whata Ora Capital Coast and Hutt Valley or Manatā Hauora since the last audit.</p> <p>The Code of Health and Disability Services Consumers' Rights and the complaints process works equitably for Māori.</p> <p>The FM reported that an external advocate and a volunteer who both identify as Māori would be available to support people if needed.</p> <p>Staff reported that they use every best effort to verify Māori residents and family/whānau understand their rights.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The FM, general manager (GM) and documentation evidenced that the governing body assumes accountability for delivering a high-quality service through external cultural advisors. Established external relationships are being strengthened with a local Marae, and Te Whatu Ora staff. Improving outcomes and achieving equity for Māori and people with disabilities is occurring through care planning and family/whānau meetings and feedback. Identifying and working to address barriers to equitable service delivery is occurring through needs assessments, care planning, training, advice from an external provider, and upgrading the facility for example overhead hoists and the installation of the wireless call bell system. The GM reported at interview that they have plans to attend training in Te Tiriti, health equity, and cultural safety within two months.</p> <p>The service holds contracts with Te Whatu Ora Capital, Coast and Hutt Valley for respite, rest home, and hospital level care. Contracts are also held with Manatū Hauora for young people with a disability (YPD) and long-term chronic health conditions (LTCHC). Fifty one residents were receiving services under the contracts on the day of the audit. Twenty four were rest home residents including two YPD residents. Twenty seven hospital residents were receiving care, including three YPD residents. Thirty four beds are certified as dual-purpose beds.</p>

		<p>The facility provides respite and end-of-life care.</p> <p>The facility is managed by a trained general practitioner who is seeking their New Zealand registration. They have three years experience as facility manager at another aged care provider. They have been in the role for 18 months at Vincentian home.</p> <p>The facility manager (FM) is supported by the GM who is the owner, and the clinical manager (CM). The CM is a registered nurse with 15 years experience including four years at Vincentian. They have been in the role for one year.</p> <p>When the FM is absent, the CM carries out all the required duties with support from the GM, finance manager and portfolio manager.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, surveys, monitoring of outcomes, policies and procedures, clinical incidents including infections and health and safety. The FM is the quality manager.</p> <p>Residents, family/whānau and staff contribute to quality improvement through resident and family/ whānau satisfaction surveys, and meetings.</p> <p>The last resident survey, and the last family/whānau survey were completed during January 2023. The FM reported the results for both surveys were very good. The surveys were sighted. The results of the surveys were evidenced in the residents/ family meeting held 1 March 2023. The next staff survey is planned for April 2023.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey and resident meetings. Minutes of the last meeting held on 1 March 2023 were read.</p> <p>Quality improvement initiatives include the wireless call bell system, and the monthly newsletter.</p> <p>The FM, CM, receptionist and activities co-ordinator meet weekly. Infection prevention and control, health and safety, and staff meetings are held monthly. Clinical meetings are held monthly. The FM reports</p>

	<p>monthly to the GM. The most recent report was sighted. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>The FM and GM reported that all policies and procedures are provided by an external agency. Policies sighted covered all necessary aspects of the service and contractual requirements and were current.</p> <p>Internal audits are completed, for example, clinical records, complaints, and progress notes. Relevant corrective actions are developed and implemented to address any shortfalls and were sighted. A contracted provider audited the laundry service December 2022 with a good result. The audit was sighted.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks.</p> <p>The 2023 register was sighted and included fire, pathogens, harmful substances, security, falls, the lift, moving and handling, flood, earthquake, stress and food contamination. Staff reported at interview that they knew to report risks.</p> <p>The FM and CM understood and has complied with essential notification reporting requirements. The FM reported that three S31 reports have been made since the last audit. One S31 notification of being short staffed was made in December 2022 with a plan to mitigate any risk. The change of facility manager notification was made June 2021. A pressure injury notification was made March 2023. The FM reported that there have been no police investigations, coroner's inquests, or issues-based audits since the previous audit. Vincentian Home ensures their staff can deliver high quality health care for Māori through for example, training, including cultural safety training, cultural and needs assessments and care planning in consultation with the resident and their family/ whānau. Caregivers reported at interview they are learning te reo Māori, including tikanga.</p> <p>The provider benchmarks through the aged care industry against relevant health performance indicators, for example adverse events, bruises, and skin tears.</p> <p>Counts in all the areas sighted were low.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The FM described a rostering process that provided sufficient and appropriate coverage for the effective delivery of care and support, and all registered nursing shifts have been covered. Registered nurses are providing culturally and clinically safe care, 24 hours a day seven days a week (24/7). Interviews with staff confirmed that their workload is overall manageable, and that management is very supportive.</p> <p>The facility manager (non-clinical) and clinical manager are in the facility Monday to Friday. On call cover is covered by the clinical manager and registered nurse. The FM was available for non-clinical issues.</p> <p>Four weeks of rosters were reviewed. Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.</p> <p>The provider has plans to establish environments that encourage collecting and sharing high-quality Māori data and training resources.</p> <p>Related competencies are assessed and support equitable service delivery. They include restraint, medication, syringe driver, and female catheterisation.</p> <p>Four out of seven registered nurses, including the clinical manager hold a current interRAI competency. Records were sighted.</p> <p>All RNs and medication competent caregivers had not been deemed competent with the past two years. Registered nurses have not had recent syringe driver competency training despite a syringe driver being in use onsite. Refer 3.4.3.</p> <p>There is an annual education and training schedule. The schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in 2022. Plans are in place to provide additional cultural training that is more specific to Māori, Pasifika and the Treaty of Waitangi.</p> <p>The FM reported that relationships with a cultural advisor from Te Tapu Ranga Marae, and Pasifika communities were underway to ensure that</p>
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		the service invests in the development of organisational and staff health equity expertise.
<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>The CM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the seven registered nurses, general practitioner, pharmacist, dietitian and occupational therapist.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Staff reported that the orientation process prepared them well for their role. A copy of the orientation was provided by the FM. Evidence of orientation was sighted in staff files reviewed.</p> <p>Information held about staff is kept secure and confidential. The files were sighted in the FM's office. The CM reported that ethnicity data is recorded, collated and used during recruitment processes.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Vincentian conducts routine analysis of entry and decline rates, this included specific data for entry rates for Māori.</p> <p>Vincentian has developed meaningful partnerships with the local Tapu Te Ranga marae to benefit Māori individuals and whānau. An advisor from the marae acts as an advisor to Vincentian if needed and advises on access to traditional Māori healers and organisations to benefit Māori and whānau. If needed additional support can be accessed from Te Whatu Ora Capital, Coast and Hutt Valley.</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</p>	FA	<p>The team at Vincentian work in partnership with the resident and their family/whānau to support the resident's wellbeing. Eight residents' files were reviewed. Six from the hospital and two from the rest home. Files included residents under 65 years, on a Long-Term Chronic Health (LTCH) contract or on a contract funded by Ministry of Health (MoH), residents receiving palliative care, residents with pressure injuries,</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>residents who identify as Māori and residents being cared for under the Aged Related Residential Care (ARRC) contract. Files reviewed verified a care plan is developed by a Registered Nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Vincentian staff support Māori residents and their family / whānau to identify their pae ora outcomes in their care plan. The support required to achieve this is clearly documented, communicated, and understood.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>An occupational therapist is employed at Vincentian five days a week and provides an activities programme that includes keeping residents engaged as well as providing entertainment. The programme supports all residents to maintain and develop their interests and aspirations. The service encourages their workforce to support community initiatives that meet the health needs and aspirations of whanau.</p> <p>Opportunities for Māori, staff and whānau to participate in te ao Māori are facilitated. Matariki, Māori language week and Waitangi Day have been celebrated. A resident and visiting guests spoke on protocols when visiting a marae, and other aspects of Māori culture. A musical show was presented using Māori instruments. There is a plan to visit the marae at Te Papa. Residents and staff watched the Kapa haka festival on television and practiced with the pois they had made.</p>

		Singing and te reo Māori is included in the programme daily.
<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>	PA Moderate	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A system for medicine management using an electronic system was observed on the day of audit. Staff who are administering medicines, have not had a review of their competency to administer medications in the past two years. Syringe driver competencies have not been reviewed in the past two years. These are areas identified as requiring immediate attention.</p> <p>A system is in place to identify, record and communicate residents medicine related allergies.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range. Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Standing orders are not used at Vincentian.</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>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will address this.</p> <p>Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and their family/whānau expressed satisfaction with the food options.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	Transfer or discharge from or to Vincentian is planned and managed safely with coordination between services and in collaboration with the resident and their family/whānau.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building warrant of fitness expires on 21 March 2023. Testing and tagging of electrical equipment was current. Calibration of biomedical records sighted were current. The facility has a lift to the first floor. A current certificate of compliance was sighted. An external ramp provides egress in an evacuation.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance is required. The environment includes places where young people with disabilities can find privacy within communal spaces. Spaces were culturally inclusive and suited the needs of the resident groups. The FM reported that they are waiting for suggestions for having Māori related art and or carvings in the facility. Caregivers reported that they respect the residents spiritual and cultural requirements.</p> <p>The FM reported that there would be consultation with Māori in the co-design of the environments for new buildings should there be any in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	FA	<p>The fire evacuation plan was approved by the New Zealand Fire Service on 5 February 2010. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 25 January 2023.</p> <p>Appropriate security arrangements are in place. Doors are locked at</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>7pm during the summer months, and at dark during the winter months.</p> <p>The afternoon staff are responsible and undertakes security checks making sure the windows and doors are locked and security lights are working. Checks are completed during the afternoon shift, and at handover.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</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>	<p>FA</p>	<p>A pandemic preparedness plan is in place at Vincentian, and this is reviewed at regular intervals. The plan was evaluated during a COVID-19 outbreak. Sufficient infection prevention (IP) resources including policies, procedures, equipment, building layout, and personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Vincentian has access to staff or an advisor from the local marae to offer IPC advise in te reo Māori, however there were no educational resources available in te reo Māori that are accessible to Māori. Formal partnerships with Māori have not been established for the protection of culturally safe IP practices.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections at Vincentian is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Surveillance data collected, includes ethnicity data.</p> <p>There are culturally safe processes for communicating between service providers and people receiving services who develop a hospital acquired infection.</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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	<p>FA</p>	<p>A restraint free environment is the aim of the service. The management group demonstrated commitment to this.</p> <p>At the time of audit three residents were using a restraint.</p> <p>The CM is the restraint coordinator providing support and oversight for any restraint management. The position description was sighted.</p>

<p>practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Staff confirmed at interview they have been trained in de-escalation techniques. Training records sighted confirmed this.</p> <p>The provider plans to develop the reporting of aggregated restraint data, including the type and frequency of restraint, to the governance body.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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>	<p>PA Moderate</p>	<p>A review of documentation identified that staff administering medication did not have medication competencies that were not current. None of the RNs or care staff has had a review of their medication competency undertaken within the past two years. The RNs have not had competency assessments completed for managing syringe drivers, within the past two years. There was no evidence that there had been any medication errors because of staff not being deemed competent. Vincentian management implemented processes on the day of the audit, to rectify the immediate situation. A medication and syringe driver competent RN was contracted and arrived on site prior to the next medication round. Two RNs were observed doing a medication round and assessed as competent. This enabled them to administer medications and assess others. The syringe driver was managed by the</p>	<p>Staff administering medications at Vincentian, have not had their competencies reviewed within the required time frames.</p>	<p>Provide evidence that staff administering medications are competent to do so. Provide evidence RNs are competent to manage residents requiring treatment with a syringe driver.</p> <p>7 days</p>

		contracted RN, who remained on a contract until the syringe driver training could be completed by all RNs.		
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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.