

# Chatswood Lifecare Limited - Chatswood Rest Home

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

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

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

The specifics of this audit included:

**Legal entity:** Chatswood Lifecare Limited

**Premises audited:** Chatswood Rest Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 28 March 2023 End date: 29 March 2023

**Proposed changes to current services (if any):** The service has reconfigured Room 119 to a double room. The room was verified as suitable to provide rest home level of care for two rest home residents. This increases the total number of beds from 113 to 114.

**Total beds occupied across all premises included in the audit on the first day of the audit: 70**



# 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

## General overview of the audit

Chatswood Retirement Village provides hospital (geriatric and medical) and rest home level of care for up to 113 residents. There were 70 residents on the days of audit.

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

This audit also verified a previously single apartment to be suitable to be used as a double apartment for two rest home level residents. This increases total bed numbers to 114.

The manager is appropriately qualified and experienced and is supported by an experienced clinical nurse manager (RN). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified a shortfall in relation to monitoring.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service are fully attained.

Chatswood Retirement Village provides an environment that supports resident rights and culturally safe care. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The village manager and Board of Directors are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the residents' opinions and effectively communicates with them about their choices. Staff receive training on Māori health and awareness at orientation. A Māori health plan is implemented.

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

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

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

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Opportunities are facilitated to participated in te ao Māori.

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

Transfer, exit, and discharges occur in a coordinated manner in collaboration with the resident, family/whānau, and other service providers to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current warrant of fitness. There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Rooms are spacious. There is a mixture of rooms with full ensuite or shared bathrooms and toilet facilities. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has a robust pandemic plan and Covid-19 response plan in place and the service has access to personal protective equipment supplies. There have been three outbreaks (Covid-19) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring is appropriate, and toilet and shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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There is organisational commitment to minimise restraint and maintain their restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit, the facility was restraint free. Staff receive education in restraint minimisation and management of challenging behaviour. Clinical reviews of residents are completed to include alternatives strategies to restraint use and these are discussed with staff.

## 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	26	0	1	0	0	0
Criteria	0	166	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan policy is documented for Chatswood Retirement Village and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the provision of services based on the principles of mana motuhake. At the time of the audit, there were residents who identified as Māori living at the facility. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Staff receive cultural training during orientation and as part of the mandatory two-yearly training plan. Staff also undertake cultural competencies.</p> <p>Chatswood is committed to supporting Māori health strategies by ensuring policies and procedures identify and analyse variances in Māori health (eg, infection control and adverse events). The director, village manager and clinical nurse manager reported actively working with a representative from the Nga Hau E Whā National Marae (Aranui Marae) to support implementation of the Māori health plan. The service has a relationship with Māori communities and groups in the area through staff contacts.</p>

		<p>The service is developing support to increase Māori capacity by employing more Māori staff members. There are staff currently employed at Chatswood who identify as Māori. Staff interviewed (three RNs, seven caregivers, one diversional therapist, one activities assistant, one kitchen site manager, one kitchen regional manager, one cleaner, one maintenance and one quality consultant) confirmed that the facility welcomes the appointment of suitably qualified Māori staff. Ethnicity data is gathered when staff are employed, and this data is analysed in reports monitored by the directors, village manager and clinical nurse manager.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Chatswood Retirement Village has a Pacific Peoples Culture and General Ethnicity Awareness policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. At the time of the audit there were no Pacific residents. There were staff members that identified as Pasifika at the time of the audit. The service maintains a link with a local Pacific Island community group through Pacific staff members, in order to provide cultural support for Pacific staff and future residents who identify as Pasifika.</p> <p>When new staff are recruited, the facility nurse manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pacific community. Interviews with four residents (two rest home, two hospital) and family/whānau (three hospital, five rest home) and documentation reviewed identified that the service uses a person-centred approach for people using the services and family/whānau, as the guiding ethos of their service to co-design their health services to utilising both Māori and Pacific peoples, through collaboration and partnership models.</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>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>and their family/whānau. The village manager, or clinical nurse manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are also held during the bimonthly resident/family/whānau meetings. The residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Residents interviewed stated they were supported to be as independent as possible.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Code of Rights education last took place in August 2022. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake and this is reflected in the Chatswood Māori health plan and resident care plans reviewed.</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. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing. It was observed that residents are treated with dignity and respect. Resident and family/whānau satisfaction surveys completed in 2021 and 2022 confirmed that residents and families/whānau are treated with respect. Residents and families/whānau interviewed confirmed they are treated with respect.</p>

		<p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Intimate relationships between residents are respected, as evidenced in interviews with staff, with an example given of when the service has previously had couples in a relationship within the home.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. A resident on a younger person with a disability contract (YPD) interviewed confirmed they are provided with choice in relation to daily routines.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.</p> <p>Te reo Māori and the spirit of Te Tiriti o Waitangi is integrated into everyday life at Chatswood, with Māori staff interviewed advising that those who do speak te reo, assist those who do not. The service has signage in te reo. Tāngata whaikaha goals and needs are identified through their care plans. They are supported to enable their participation in te ao Māori should they wish to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Chatswood policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A comprehensive code of conduct is discussed and signed by staff during their induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity.</p>

		<p>All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Policies reviewed support a resident-centred and strengths-based model of care, to ensure positive wellbeing outcomes for their Māori residents. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</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>	<p>FA</p>	<p>Information is provided to residents and families/whānau on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident and incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any changes in resident condition that occurs. Electronic accident and incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. All communication with families/whānau was documented on the incident report and in progress notes and this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Caregivers and registered nurses interviewed described how they would assist residents that do not speak English with interpreters, or resources to communicate should the need arise.</p> <p>The younger resident interviewed described how the service supports them to maintain contact with the community and their family/whānau.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as Nurse Maude and Te Whatu Ora -Waitaha Canterbury specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>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>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent forms had been signed by residents or their activated enduring power of attorney (EPOA) for procedures such vaccines and other clinical procedures. Discussions with staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>An advance directive policy is in place. Advance directives for health</p>

		<p>care (including resuscitation status) had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with families/whānau identified that the service actively involves them in decisions that affect their relative's lives. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The registered nurses and clinical nurse manager have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services for Māori are available.</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>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been fourteen complaints since the previous audit in January 2021. There have been no complaints received from external agencies. The village manager could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in staff meetings.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings which are held bimonthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and relatives making a complaint can involve an independent support person in the process if</p>

		<p>they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The village manager and clinical staff acknowledged the understanding that for many Māori, there is a preference for face-to-face communication and confirmed their commitment to do this wherever possible. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</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>Chatswood Retirement Village provides rest home and hospital level care for up to 113 residents within a 25-bed rest home, 29 bed hospital (all dual purpose), 30 serviced apartments and studio apartments (all certified for rest home level of care), and 29 care suites (all dual purpose). At the time of the audit, there were 70 residents in total: 32 rest home level (including 3 residents in apartments and 12 residents in care suites); 38 hospital level (including 8 in care suites). There was one resident under an end-of-life contract, one on a younger persons disabled contract (YPD) and one on a respite contract. The remaining residents were funded by the age-related residential care (ARRC) contract or private paying.</p> <p>The apartment 119 has been verified as suitable for double occupancy at rest home level care. This increases the overall number of residents to 114.</p> <p>The directors have worked in the aged care sector for a number of years as owner/general manager of another nearby aged care facility. The service is managed by a full-time village manager (VM), who is non-clinical. He has been at the facility for five months and has worked in the aged care sector for several years. He is suitably skilled and experienced for the role. Responsibilities and accountabilities are clearly defined. The VM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. The VM maintains currency through professional networks, including through Te Whatu Ora Health New Zealand - Waitaha Canterbury. The VM is supported by a clinical nurse manager (RN), registered nurses, caregivers, and administrative staff. The VM reports to the directors.</p>

		<p>There is a business plan for 2019 to 2023. The plan sighted outlined the scope, direction, and goals of Chatswood and describes annual goals and objectives that support outcomes to achieve equity and addressing barriers for Māori.</p> <p>The quality programme includes a quality programme policy, and quality goals that are reviewed in staff, quality, and management meetings.</p> <p>The management team are committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (e.g., infection control and adverse events). The management team have a relationship with a representative of Nga Hau E Whā National Marae. An integrated Māori health plan is incorporated into governance (including business planning, quality, and risk management) and clinical aspects. The focus is to improve Māori health through clinical assessment and organisational policy and procedures. The directors and village manager ensure that tāngata whaikaha have meaningful representation and are consulted on the implementation of solutions, on ways to achieve equity and improve outcomes for residents. The external consultant has incorporated meaningful Māori representation, and input into organisational operational policies. The governance team have completed cultural training to ensure that they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>The village manager and clinical nurse manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility and has open communication with the directors at all times.</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</p>	<p>FA</p>	<p>Chatswood has an implemented quality and risk management programme, developed by an external contractor. The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data. This provides the opportunity to improve health equity through critical analysis of organisational practices. Ethnicities</p>

<p>on achieving Māori health equity. 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>are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The VM and CNM interviewed described reports that can be generated to review ethnicity data.</p> <p>Internal audits, staff meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on quality noticeboards. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Staff complete cultural training, and their competency is assessed to ensure a high-quality service and culturally safe care is provided for Māori.</p> <p>Policies are regularly reviewed by the external contractor and align with the 2021 Ngā Paerewa Standard. New policies or changes to policy are communicated to staff. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>Bimonthly quality and staff meetings and monthly clinical meetings are scheduled, and minutes are documented. The quality consultant has recently updated agenda templates and minutes reviewed reflected comprehensive discussion on all required areas. The minutes of all meetings are shared with the owner/directors. Minutes of quality meetings evidence detailed discussion on health and safety, staffing, education, and quality indicators. Staff interviewed were aware of quality data results and any corrective actions required; however, meetings do not evidence discussion of quality indicators. The service assesses staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>Quality goals for 2022 were reviewed by the directors and management team in January 2023. Quality goals for 2023 are categorised under nine areas and include specific aims related to care plan enhancements, satisfaction surveys, relationship building, adverse event reduction, infection reduction, orientation, staff education, staff wellbeing, care documentation and promoting mana</p>
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		<p>motuhake.</p> <p>The annual resident and family/whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided, with results shared in the resident and family/whānau meetings, as confirmed on interview with family/whānau.</p> <p>A health and safety system is in place with annual identified health and safety goals. Health and safety is a part of the combined health and safety and infection control meetings held monthly. There is a health and safety officer who has completed formal health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in February 2023 (sighted). A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form. Staff wellbeing programmes include social events. On interview, staff reported management were supportive of staff wellbeing. Electronic reports on the resident management system are completed for each incident/accident. Data is collated monthly and analysed.</p> <p>Discussions with the clinical nurse manager and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed; however, HealthCERT was advised around changes in facility management. There have been three outbreaks (Covid-19) since the previous audit, which were appropriately managed, and staff debriefed.</p> <p>Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The VM and CNM interviewed described reports that can be generated to review ethnicity data.</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>There is a biannual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Online training can be accessed by all staff, with a record of completion on the electronic management system being monitored by the VM. Toolbox talks are held when required or at handovers, facilitating the collection and sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register. The service embeds cultural values in their mandatory training programmes and competencies.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 44 healthcare assistants, 22 have completed their level four qualification, eight have completed their level three qualification and one has completed their level two qualification. Training for clinical staff can access external training through Te Whatu Ora - Waitaha Canterbury. Registered nurse specific training viewed included: wound care, interRAI and first aid. There are 11 RNs, with 10 RNs being interRAI trained.</p> <p>The staffing policy meets with the safe staffing hours and aligns with the ARRC contract with Te Whatu Ora -Waitaha Canterbury. There is at least one RN on each shift. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff.</p> <p>Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</p> <p>Existing staff support systems include wellbeing initiatives, birthday recognition and the provision of support to promote health care and staff wellbeing. Staff interviewed report a positive supportive work environment.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are stored securely. Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and additional roles (e.g., restraint coordinator, infection control coordinator) to be achieved in each position. All staff sign their job description during their onboarding to the service.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff who had been employed for over one year have an annual appraisal completed.</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. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected.</p> <p>There is a documented business continuity plan in case of information</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The unit coordinator and clinical nurse manager screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical nurse manager described reasons for declining entry would only occur if the service could not provide required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>There are policies and procedures documented in relation to the admission and decline procedures. These guide management around admission and declining processes, including required documentation. The service collects ethnicity information at the time of admission from individual residents; however, they do not currently perform routine analysis of same for the purposes of identifying entry and decline rates for Māori. This is a work in progress. The service receives referrals from the NASC service, the local hospital, and directly from</p>

		<p>family/whānau.</p> <p>The service has an information pack relating to the services provided at Chatswood Retirement Village which is available to family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and whānau-centred approach to services provided. Interviews with residents and families/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. At the time of audit, there were residents identifying as Māori, and the service has Māori staff members. The service has an established relationship with Kaumatua Kaitautoko at Te Whatu Ora- Waitaha Canterbury and developed meaningful partnerships with Māori communities through this established link.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Nine resident files were reviewed and included four rest home level residents (including two in an apartment) and five hospital level residents (including one on respite care, one on end-of-life contract and one on YPD contract). There is a clinical management policy and procedures guide RNs in the development of care plans. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan.</p> <p>The registered nurses are responsible for conducting all assessments and for the development of care plans.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes, six-monthly care review electronic form, and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The service implements a resident centred care model based on `Te Whare Tapa Whā` for holistic and a strength-based care to wellbeing. The resident care plan and integrated records evidence</p>

		<p>the implementation of this philosophy.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All long-term resident files, including the residents in the care suites and serviced apartments, had an interRAI assessment completed within the required timeframes. This includes the residents on the YPD and end of life contracts. Additionally, all files had a suite of assessments (including activities, cultural and dietary assessments) completed to form the basis of the long-term care plan or interim care plan. InterRAI and risk assessment outcomes form the basis of the care plans. Assessments and care plans are completed within the required timeframes. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>Long-term care plans for all long-term residents had been completed within 21 days. The long-term care plan includes aspects of daily living. Care plan interventions were holistic and align with the model of care. Interventions in the long-term care plan are recorded to address all needs and to guide staff in the management of the care of the resident. The Māori health care plan in place reflects the partnership and support of residents, family/whānau, and the extended family/whānau as applicable to support wellbeing. Tikanga principles are included within the Māori health care plan. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. The GP reviews residents at least three-monthly. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, infections, and acute wounds.</p> <p>The resident on respite care had an interim care plan completed within 24 hours of admission and address cultural considerations, medical and physical needs. The younger resident on a YPD contract's care plan integrated normal routine, hobbies, and social wellbeing. The resident (interviewed) described how the service supports them to maintain family/whānau relationships. Te Ara Whakapiri is used to guide end of life care for one resident on an end-of-life contract.</p> <p>All residents had been assessed by the general practitioner (GP)</p>
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	<p>within five working days of admission. The GP service visits routinely weekly and provides out of hours cover. The GP (interviewed) commented positively on the communication and quality of leadership at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Residents with disabilities are assessed by the contracted physiotherapist and equipment is available as needed. The service contracts with a physiotherapist four hours a week and a podiatrist visits every six to eight weeks. Specialist services, including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Te Whatu Ora -Waitaha Canterbury.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by caregivers and at least weekly by the registered nurses. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were seven current wounds (two chronic wounds, skin tears and skin lesions). All wounds reviewed had comprehensive wound assessments, including photographs (for complex wounds) to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to the Nurse Maude clinical nurse specialist. There were no pressure injuries at the time of the audit. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including</p>
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		<p>wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the registered nurses complete monitoring charts, including bowel chart, reposition charts, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Incident and accident reports reviewed evidenced timely RN follow up, and relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the unit coordinator or clinical nurse manager, who reviews every adverse event before closing; however, neurological observations were not always completed as per the falls management policy and neurological observation policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one full-time diversional therapist and one part-time activities assistant. Activities are provided five days a week (8.30am – 4:30pm) with booked entertainers on a Saturday. Chatswood Retirement Village activities programme is resident and aged focused. There are volunteers involved in the programme. The programme meets the recreational needs of the residents and reflects normal patterns of life. The programme is flexible to adapt to resident outings and includes impromptu activities. The programme reflects residents' choices.</p> <p>A monthly activities calendar is posted on the noticeboards and delivered to the residents' rooms. The programme allows for flexibility and resident choice of activity. All interactions observed on the day of the audit evidenced engagement between residents and the activities staff. There are seating areas where quieter activities can occur. There is a hairdressing salon and library.</p> <p>There is resident led activities such as news reading, bingo, and card games. There are daily exercises as part of the regular programme and a walking group. Volunteers coordinate newspaper reading and games. There are weekly church services and regular entertainers. Residents enjoy twice-weekly outings to the library, beach, parks, museums, and scenic drives. At least two staff accompany residents on outings, one of whom being first aid trained. Residents have the opportunity to go shopping weekly. The YPD residents' programmes</p>

		<p>are individualised specific to the individuals' requests and provide support to access the community. Community visitors include entertainers and church services. Community initiatives and themed days such as Matariki, Waitangi and Anzac Day are celebrated to meet the health needs and aspirations of Māori and whānau. Cultural themed activities are integrated into the activities programme and te ao Māori is facilitated through hymns, activities with poi and quizzes utilising te reo Māori. Staff and residents are encouraged to use te reo and the facility has everyday Māori words and their meanings prominently displayed in resident areas. The service links with National Marae in Aranui.</p> <p>A resident social and diversional therapy profile is completed on admission, in consultation with the resident and family/whānau (as appropriate). The activities documentation in the resident files reviewed were tailored to reflect the specific requirements of each resident. The residents are involved in decisions that relate to themselves and to what happens in their home. Residents interviewed evidenced that the activity programme had a focus on maintaining independence and valuable social connections.</p> <p>In the files reviewed, the social and activities plans had been evaluated six-monthly and updated where required. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and family/whānau interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses pre-packed blisters for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and</p>

		<p>any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system.</p> <p>All medications are stored securely. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There is one partly self-medicating resident in the rest home that is deemed competent, and their medication remains in a locked drawer. The medication policy describes the procedure for self-medicating residents, and this has been implemented as required. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and families/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents are involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews. Any changes to medication are discussed with the resident and/or 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 beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</p>	<p>FA</p>	<p>Food services are provided by an external catering company. The external catering company employ all food service staff. A qualified chef is the kitchen site manager who oversees food services. There is a second chef rostered for weekends and a team of catering and kitchen assistants for the morning and afternoons. All meals and baking are prepared and cooked on site. All food service staff have</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>	<p>completed online food safety training. A registered dietitian has reviewed the six-week menu. The kitchen receives resident nutritional profiles at admission and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen site manager confirms their knowledge around international dysphagia diet standard initiative (IDDSI) for food and drink modification.</p> <p>The menu provides for pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The food is served by the chef from a bain-marie directly to the residents in the adjacent hospital dining. The meals to the rest home, care suites and apartments are plated and delivered in scanned hot boxes where caregivers will serve the meals. Some residents prefer to receive their meals to their rooms; food going to rooms are kept in the hotbox till it is served. There is a coffee and tea making area available in a kitchenette for family/whānau to use. There are also snacks and fruit platters available.</p> <p>There is a current food control plan in place and expires on 30 January 2024. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings, which is attended by the kitchen site manager. Resident preferences are considered when menus are reviewed. The kitchen site manager interviewed stated they provided cultural meals. Residents are offered choices at each mealtime. Resident surveys are completed annually and evidence satisfaction with the food service. Residents interviewed expressed their satisfaction with the meal service.</p> <p>There is a nutritional policy that guide weight management. Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents experiencing unintentional weight loss are seen by a dietitian and fortified smoothies and meals are</p>
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		provided. Caregivers interviewed had a good understanding of tikanga guidelines related to food. The kitchen site manager described how they would provide menu options culturally specific to te ao Māori if requested by residents.
<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>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are policies in place to guide staff around exit, discharge, or transfer of residents to ensure this is undertaken in a timely and safe manner. The residents and their family/whānau are involved for all exits or discharges to and from the service. Residents and their family/whānau are advised of their options to access other health and disability services, social support or Kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, GP notes, summary of the care plan, known desires and abilities, and a resident's profile (including next of kin) are detailed in the transfer documentation. Discharge summaries are uploaded to the electronic resident's file, as evidenced in one resident file reviewed. There is a comprehensive handover process between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness (expires 1 June 2023). The maintenance person is working full time and oversees the annual preventative and planned maintenance plan. The gardening service is contracted out. The visual inspection of indoors and outdoors evidenced all is well maintained. The building, art and décor is reflective of peoples' cultures and supports cultural practices.</p> <p>There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes checking of equipment, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Maintenance and calibration of equipment have been completed in</p>

		<p>November 2022.</p> <p>The reception, kitchen, laundry, and hair salon are situated near the main entrance on the ground floor. The building is a two-level building with care suites upstairs that are certified for dual purpose of care. There is a dedicated rest home unit with single occupancy rooms on the ground floor. There are sufficient number of shower and toilet facilities. There is a mix of shared ensuite between rooms and communal shower and toilet facilities. Shared communal bathrooms/showers within the facility have signage to show when vacant or occupied. There is a spacious dining room area adjacent to a big main lounge for rest home level residents.</p> <p>Within the same building, the care suites are situated on the ground floor. All rooms are ensuited and single occupancy apart from one couple (both rest home level care) sharing an apartment. There is a spacious dining room area adjacent to a big main lounge for hospital level residents. There are two centrally located nurse's stations.</p> <p>Room 119 is verified as suitable to provide rest home level of care for two rest home residents. There is sufficient space in the room to provide care for both residents. Both residents have good mobility, and one is using a walker. There is a call bell splitter (double adapter) that is shared between the beds. The ensuite has non-slip flooring and can accommodate a shower stool. This increases room numbers increase to 114.</p> <p>Resident rooms are refurbished as they become vacant. Rooms, apartments, and care suites are spacious to safely manoeuvre mobility and transfer equipment. Door entries are spacious and wide for the movement of transfer and ambulance equipment. The corridors are wide with handrails and promote safe mobility. Residents were observed moving freely around the areas with mobility aids. There are several enclosed gardens, and all outdoor areas have seating and shade. The facility is surrounded by landscaped grounds and there are also resident accessible raised garden beds. There is safe access to all communal areas.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating.</p> <p>There are separate visitor and staff toilet facilities. Fixtures, fittings,</p>
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		<p>and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required.</p> <p>Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit. There is stair and lift access to the care suites upstairs. The lift is spacious to accommodate ambulance transfer equipment.</p> <p>There is a smaller lounge with TV, library, and activity resources.</p> <p>The service is currently constructing 13 care suites; the service engaged their Māori staff, residents and family/whānau for feedback and consideration of how designs, art and environments reflect the aspirations and identity of Māori. The current construction has no impact on the mobility or freedom of any residents; is cordoned off for noise and dust control. The contractors manage site risks and hazards appropriately.</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>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures that guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last drill taking place February 2023. Staff receive training at orientation and annually related to emergency management. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. Civil defence supplies are stored in an identified cupboard and checked at regular intervals as part of the environmental audits.</p> <p>A generator is available on site and gas cooking. There are adequate supplies in the event of a civil defence emergency, including ceiling</p>

		<p>water tanks to provide residents and staff with over the required three litres per day for a minimum of three days. A minimum of one person trained in first aid is available at all times.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas (including toilets, showers), which are both audible and show on visual display panels located throughout the facility.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally. Visitors and contractors sign in at entry to the building. Staff are easily identifiable.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>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 control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted. Infection matters and rates are raised at bimonthly staff and monthly quality and clinical meetings. Infection control is part of the business and quality plans. The governing body receive monthly progress reports on quality goals relating to infection prevention; surveillance data; outbreak data and outbreak management; infection prevention related audits; and resources and costs associated with infection control and AMS on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora -Waitaha Canterbury. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>A registered nurse (clinical nurse manager) oversees the infection control and antimicrobial stewardship (AMS) programme across the service. The job description outlines the responsibility of the role. During Covid-19 lockdown there were regular zoom meetings with Te</p>

<p>policies, systems, and processes to manage my risk of infection.  Te Tiriti: The infection prevention programme is culturally safe.  Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>Whatu Ora -Waitaha Canterbury which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online study in infection control. There is good external support from the GP, laboratory, and Te Whatu Ora -Waitaha Canterbury nurse specialists. There are outbreak kits readily available and sufficient stocks of personal protective equipment.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the directors and management in consultation with the infection control nurse. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment and items. Infection prevention and control policies acknowledge the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Infection control practices include laundry and cleaning practices that reflect Māori participation when required and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The external provider has included the new criteria in cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The infection control nurse has input into the procurement of medical supplies. The service has plans for new buildings. The director confirmed the organisation has consulted with the infection control nurse and clinical staff should this occur.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed</p>
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		handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.
<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 service has antimicrobial use policies and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meeting and clinical meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Chatswood infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, and annually. The service receives email notifications and alerts from Te Whatu Ora for any community concerns.</p> <p>Infection control surveillance is discussed at facility meetings. Infection control surveillance is discussed at the bimonthly IPC committee meeting. Staff are informed through the variety of meetings held at the facility. Results of surveillance and recommendations for improvement are shared at governance meetings. The service is incorporating ethnicity data into surveillance methods and reported monthly. Internal benchmarking is completed by the clinical nurse manager. External benchmarking is monitored against other facilities using the same electronic resident management system. Meeting minutes and graphs are displayed for staff. Action plans are required</p>

		<p>for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information for any community concerns.</p> <p>There have been three outbreaks (Covid-19 May and July 2022 and March 2023) since the last audit, which were appropriately managed, residents, family/whanau and staff were debriefed, and the relevant organisations notified.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser in the hospital wing, with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site which is operational seven days a week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen observed to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The clinical nurse manager is involved in the completion of cleaning and laundry audits.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The restraint policy and business plan both identify the organisations approach to eliminating restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau and residents, and the choice of device must be the least restrictive possible. The facility has been restraint free for many years. The designated restraint coordinator is the clinical nurse manager.</p> <p>The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint was being considered in the facility. Clinical reviews of residents are completed to include alternatives strategies to restraint use and these are discussed with staff.</p> <p>The use of restraint (if any) would be reported in the facility meetings and reported to the Board. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Restraint use is benchmarked and links to operational goals of eliminating restraint. The reporting process to the director includes data gathered and analysis that supports the ongoing safety of residents and staff.</p> <p>Restraint minimisation, management of challenging behaviour and maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p>	PA Low	<p>There is a falls management policy and neurological observation policy to guide staff in the management of witnessed and unwitnessed falls. Registered nurses commenced baseline observations for all falls (witnessed and unwitnessed); neurological observations are only completed when the baseline GCS are below 15. Eight adverse events related to unwitnessed falls were reviewed; all had a post fall assessment completed, timely registered nurse follow up occurred and the family/whānau was contacted where appropriate. All but one fall had a base line recording with a Glasco Coma Scale (GCS) of 15 recorded. Where the GCS was under 15, the neurological observation policy was implemented.</p> <p>Registered nurses and the clinical nurse</p>	<p>(i) The neurological observation policy was misinterpreted and therefore the frequency of neurological observations was not followed correctly.</p> <p>(ii) Six of seven adverse event forms related to unwitnessed falls did not have neurological observations completed.</p>	<p>(i)-(ii) Ensure staff are aware of the intent of the neurological observation policy to ensure neurological observations are completed within the stated frequencies for unwitnessed falls with or without suspected head injuries.</p> <p>60 days</p>

<p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>manager interviewed explain their interpretation of the policy and their explanation confirmed an incorrect interpretation of the intent of the neurological observation policy. The policy writer confirmed the provider interpreted the policy incorrectly. Due to the incorrect policy interpretation, the frequency of neurological observations for unwitnessed falls with or without a suspected head injury was not followed. The policy was updated following the audit and RNs informed.</p>		
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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, 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
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End of the report.