

Birchleigh Management Limited - Birchleigh Residential Care Centre

Introduction

This report records the results of a Partial Provisional Audit; 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: Birchleigh Management Limited

Premises audited: Birchleigh Residential Care Centre

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

Dates of audit: Start date: 2 May 2023 End date: 3 May 2023

Proposed changes to current services (if any): The service has plans to change the use of ten rest home beds to ten dual purpose that can be used for rest home or hospital level residents. To assist with this, a service way (link corridor) has been built to join the existing 25 hospital beds to the 33 rest home beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 79

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Birchleigh Residential Care provides care for up to 83 residents at rest home, hospital level care and dementia level of care. There were 79 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract held with Te Whatu Ora – Health New Zealand Southern. 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, nurse practitioner, and a general practitioner.

A concurrent partial provisional audit was performed to verify the preparedness for a reconfiguration request made in March 2019. The request has been submitted for 10 rest home beds to be dual purpose. The partial provisional audit identified that the area was ready and able to be used to provide this change of level of care.

The chief executive officer is appropriately qualified and experienced and is supported by the service excellence manager who provides overall leadership to the clinical team. 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 shortfalls around communication, competencies, care plan interventions and monitoring, and medication management.

Ō tatou motika | Our rights

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

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

Birchleigh Residential Care Centre provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan and ethnicity awareness policy with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Residents and families/whānau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The service excellence manager supports the nurse managers to oversee the clinical operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Birchleigh Residential Care Centre has a well-established quality and risk management system. Quality and risk performance is reported across various facility meetings and to the organisation's management team. Birchleigh Residential Care Centre provides clinical indicator data for each service level being provided. There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme planned, covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service 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 nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

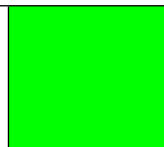
Resident files included medical notes by the general practitioners, nurse practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurses, and healthcare assistants responsible for administration of medicines 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 activities team implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links.

Residents' food preferences 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. Snacks are available at all times. The service has a current food control plan.

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

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



Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are currently single occupancy. The dementia unit is secure, with access to the external environment. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate.

Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located.

Testing, tagging, and calibration is completed as required. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Security is maintained.

Partial Provisional

A service way – link has been built between the hospital and rest home areas. This allows for easy access for residents, visitors, and staff to access both areas.

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

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

Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention 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 robust Covid-19 screening in place for residents, visitors, and staff. Pandemic plans and the Covid-19 response plan are in place and the service has access to personal protective equipment supplies. There have been Covid-19 outbreaks, and this has been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. 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 fully attained.

The restraint coordinator is a registered nurse. Seven residents were listed as using a restraint in the form of lap belts. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing falls prevention strategies, de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	4	0	0	0
Criteria	0	169	0	4	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has Māori residents and staff members. The chief executive officer (CEO) stated that they support increasing Māori capacity by employing more Māori applicants across different levels of the service, as vacancies and applications permit.</p> <p>Residents and family/whānau are involved in providing input into the resident’s care planning, activities, and dietary needs. Nineteen staff were interviewed (seven healthcare assistants (HCA), two registered nurses (RNs), one service excellence manager, three nurse managers, one enrolled nurse, a housekeeper, a laundry assistant and three activities staff) described how care is based on the resident’s individual values and beliefs.</p> <p>Māori staff who were interviewed confirmed culturally safe care is given to residents and their mana is respected. The service has engagement with local iwi through Te Whatu Ora Health New Zealand - Southern cultural advisor and staff who are Māori. The</p>

		service excellence manager has completed a conversational te reo Māori paper to assist working with Māori residents and staff.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The organisation has a Pacific health plan. The Birchleigh Residential Care quality consultant has worked in partnership with Pacific communities to provide a plan for the service to work with Pacific people, by removing barriers. All residents had individual cultural beliefs documented in their care plan and activities plan.</p> <p>On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered will be documented. The service captures ethnicity data electronically. The resident's family/whānau is encouraged to be present during the admission process, including completion of the initial care plan.</p> <p>Interviews with seven residents (four hospital and three rest home), five family/whānau (two rest home, one dementia and two hospital), staff, a Board member and management and documentation reviewed identified that the service puts people using the services, and family/whānau at the centre of their services.</p> <p>Birchleigh Residential Care is working towards developing relationships with the local Pacific communities and organisations to assist with the implementation of the Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Code (the Code) are included in the information that is provided to new residents and their family/whānau. The nurse managers or RNs discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held at resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service is respecting residents' rights. Interactions observed between staff and residents during the audit were</p>

		<p>respectful.</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. There are links to spiritual support and interdenominational church services are held weekly.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The Māori Health Policy sets the overarching framework to guide the service to achieve the best health outcomes for Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Registered nurses and healthcare assistants interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents interviewed stated they have choice with their daily routine and activities they participate in.</p> <p>Birchleigh Residential Care's annual training plan demonstrates training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys are conducted at six-weeks after admission. The annual survey completed in 2022 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/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.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with</p>

		<p>relative's involvement and is integrated into the residents' care plans.</p> <p>Te reo Māori is celebrated during Māori language week. Te reo Māori and tikanga Māori is promoted through the availability of posters. The CEO, service excellence manager and nurse managers are committed to continue making te reo me Ngā tikanga Māori more visible within the organisation. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori and uphold their rights and interests under Te Tiriti o Waitangi. This is achieved by using and promoting te reo Māori and ensuring there is cultural training available to all staff. Cultural training has been provided to staff in 2022 by Te Whatu Ora - Southern Cultural Advisor and a cultural competency has also been implemented. Further training to cover Te Tiriti o Waitangi, Māori worldview (te ao Māori) and tikanga Māori is being planned for inclusion in the training plan.</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 documented and being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Birchleigh Residential Care are expected to uphold the service's policies, prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. The code of conduct policy addresses the elimination of discrimination, a safe environment free from harassment (including racial), and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The CEO and SEM state there is a diverse workforce where racial equity is promoted in the workplace.</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. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The CEO, nurse managers, SEM, GP, RNs, and healthcare</p>

		<p>assistants (HCAs) stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori health care plan includes Te Whare Tapa Whā and identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service implements a process to manage residents' comfort funds.</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>PA Low</p>	<p>Information is provided to residents and family/whānau on admission. Resident meetings identify feedback from residents and follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Eleven accident/incident forms across the service were reviewed. While most forms identified family/whānau are kept informed, two of the four incident forms reviewed in the dementia area did not inform family/whānau when incidents occurred.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</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 advised prior to entry of the scope of services and any items that are not covered by the</p>

		<p>agreement.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family/whānau contact information in their file.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora Health New Zealand - Southern specialist services. The SEM and nurse managers 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>Family/whānau and staff advised that they were well informed throughout the Covid-19 lockdowns regarding resident changes and visiting arrangements.</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. The clinical records of nine residents reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid -19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed appropriately and sighted for all the resident files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were filed where available. Certificates of mental incapacity signed by the GP were also on file where appropriate.</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 CEO maintains a record of all complaints, both verbal and written, by using a complaint register. The SEM and CEO describe including complaints (where there are any) in the reports to the Board. The SEM and CEO make training available to nurse managers and have documentation including follow-up letters and resolution processes implemented, so that complaints would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been no complaints since the 2021 audit. When complaints do occur, they include an investigation, follow-up within the required timeframes and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the monthly quality meetings. There have been no complaints made through external agencies.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents, and family/whānau making a complaint can involve an independent support person or family/whānau in the process if they choose.</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>Birchleigh Residential Care is a care facility located in Mosgiel. The service provides care for up to 83 residents at rest home, hospital level care and dementia level of care. On the day of the audit there were 79 residents: 31 rest home, 24 hospital and 23 dementia. All residents had aged residential care service agreements.</p> <p>The service has requested a change in the level of care of ten rest home beds to become ten dual-use, which can accommodate rest home or hospital level residents. This audit verified a reconfiguration of bed numbers. The bed numbers stay at 83 with 23 rest home, 10 dual purpose, 26 hospital and 24 dementia beds.</p> <p>Birchleigh Residential Care has a strategic plan in place that was reviewed in 2022. There are clear business goals to support the Birchleigh Residential Care philosophy. The CEO reports to a Board of three trustees. The Board has a well described structure, purpose,</p>

	<p>values, scope, direction, performance, and goals and these are monitored and reviewed annually. There is a Māori health plan in place which the Board has reviewed. The Board has a commitment to ensure the service achieves equity and improves outcomes for Māori. The business plan strategies improve outcomes and achieve equity for tāngata whaikaha people with disabilities. The Board supports the service to ensure barriers are identified so staff are able to minimise barriers to equitable service delivery. The Board reviews all satisfaction surveys to ensure the service is able to identify barriers to equitable service delivery.</p> <p>The facility is managed by the chief executive officer (CEO) who has worked for Birchleigh Residential Care for sixteen years. The CEO is supported by the service excellence manager (SEM), who is a registered nurse. The SEM is responsible for the management of the housekeeping, laundry and maintenance staff and supports the three nurse unit managers in the clinical management of the service.</p> <p>The CEO interviewed confirmed there is a roles and responsibility framework for the trustees and is documented in the Board Charter. The Board receives a monthly Board report from the CEO, SEM, and nurse managers. The CEO explained there is collaboration with Māori that aligns with Te Whatu Ora strategies and addresses barriers to equitable service delivery. Māori representation is available to support the Board and the management team as required. There has been cultural training available for staff. The Board chair is an experienced director and has completed training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, te reo Māori and wananga cultural safety.</p> <p>The working practices at Birchleigh Residential Care are holistic in nature. These practices are inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing. There is a focus on improving health outcomes for tāngata whaikaha and Māori.</p> <p>The quality programme includes a quality programme policy, and quality goals that are reviewed monthly in meetings, are completed for any quality improvements/initiatives during the year.</p> <p>The SEM and CEO have completed more than eight hours of training</p>
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		<p>related to managing an aged care facility and emergencies, including the pandemic. The SEM has completed training in te reo Māori and te ao Māori.</p> <p>Partial Provisional:</p> <p>The service has applied to reconfigure the use of ten rest home beds to ten dual-purpose, for use of rest home or hospital level residents. To assist with this, a link corridor has been built to join the existing 26 hospital beds to the 33 rest home beds. This provides for seamless movement of staff, visitors, and residents between the two areas.</p> <p>A transition plan has been created to assist with the planning of the transfer to ten dual-purpose beds. This plan addresses the increases to staffing across morning, afternoon, and night shifts. Further to this, the transfer plan documents communication with the current rest home residents and family/whānau to relocate rooms; however, the CEO and SEM stated this is unlikely to occur. The CEO confirms that if resident acuity increases, then the level of staffing will be reviewed to address these needs.</p> <p>The fire department have sighted the plans and there has been a fire drill since it has been completed; there are no changes required to the fire evacuation plan.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Birchleigh Residential Care has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and can be extracted in quality indicator data, to be critically analysed for comparisons and trends to improve health equity.</p> <p>Monthly quality meetings (include the health and safety meeting and the infection control meeting), three-monthly general staff meetings and monthly unit meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; restraint; and education. Internal audits, meetings, and collation of</p>

	<p>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. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed, with sign-off when completed. The SEM ensures corrective actions are followed up and signed off in a timely manner. Quality data and trends in data are posted on a quality noticeboard. As a result of analysis of the quality data, a number of quality improvements have been initiated, including (but not limited to): falls; reduction of urinary tract infections; the installation of an air purifying system and underfloor heating to improve infection rates; and the introduction of 'walkie talkie' radios to reduce call bell answering timeframes. Quality data is benchmarked nationally through the electronic system.</p> <p>Cultural safety training has been provided to ensure a high-quality service is provided for Māori. There is a cultural competency staff are now required to complete.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. A document control system is in place. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 Standard. New policies or changes to policy are communicated to staff.</p> <p>Health and safety is led by the CEO who initiated a full health and safety review by a specialist contractor in 2022, to ensure all policies and procedures are up to date and align across the care home and retirement village services. The result of this review includes an updated hazard register and updated policies and procedures available for staff to refer to. Health and safety is included in the monthly quality meeting with nominated representatives who receive specialised training for the role. There is a low rate of staff incidents at Birchleigh Residential Care. The hazard register was last reviewed in 2022 and is discussed at each quality meeting.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for five-six</p>
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		<p>hours per week. Strategies implemented to reduce the frequency of falls include: an increase in the physiotherapy input provided to hospital and dementia residents; intentional rounding; focus on ensuring ear health to assist balance; comprehensive handovers; and the regular toileting of residents who require assistance. Alongside of individual strategies, the environment has been improved with a new ramp and handrail in the dementia area and the installation of more security cameras to cover areas where residents are not easily seen by staff. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses will evaluate interventions for individual residents. Residents are encouraged to attend exercises which are provided in the three units across the days of the week.</p> <p>The electronic resident management system provides a reporting process for each incident/accident. Incident and accident data is collated monthly and analysed. Benchmarking occurs externally with other aged care providers through the quality system. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the SEM and nurse managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been seven Section 31 notifications completed; three in 2022 and 2023 respectively regarding RN coverage and one in 2023 for a stage III pressure injury.</p> <p>There have been three Covid-19 outbreaks (two in 2022 and one in 2023 year to date). Further to this, there was a norovirus outbreak in February 2022. All outbreaks were appropriately notified, managed, and debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>PA Low</p>	<p>There is a staffing policy implemented that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. There is a first aid trained staff member on duty, in each area and on every shift. Interviews with staff confirmed that their workload is manageable. On-call support is provided by the nurse managers with the support of the SEM.</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>There is an annual education and training schedule being implemented for 2023. The education and training schedule lists compulsory training which includes (but not limited to): cultural awareness training; abuse and neglect; oxygen management; and infection control. Staff have attended a cultural awareness training in October 2022 and are completing a cultural competency to reflect their understanding on providing safe cultural care, te ao Māori and Te Tiriti o Waitangi.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. There is an experienced education coordinator employed to oversee the Careerforce education. There are 46 HCAs (69%) with a level three NZQA qualification or higher. Seventeen of the twenty-four healthcare assistants that work in the dementia units have completed the Careerforce limited credit programme dementia unit standards or equivalent, with the balance of these recently employed staff enrolled and working on these.</p> <p>All staff are required to complete competency assessments and compulsory education sessions as part of their orientation and annually as part of the education plan. Annual competencies include (but are not limited to): 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; however, not all staff have completed competencies as scheduled.</p> <p>Additional RN/EN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Six nurses (including the SEM, two enrolled nurses and nurse managers) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. Staff meetings provide a forum for the sharing of health information collated through quality data. Registered nurses attend relevant staff, RN, and quality (which includes restraint, health and safety and infection control) meetings when possible. Other staff are encouraged to attend appropriate meetings.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. The Employment Assistance Programme is</p>
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		<p>available for staff. Staff interviewed reported a culture of teamwork and supportiveness.</p> <p>Partial provisional</p> <p>The CEO and the nurse manager interviewed stated an understanding of the skill mix required for the acuity of the residents and flexibility in the roster to extend hours to meet the needs of the residents. The transition plan describes a rostering plan, which will increase current staffing as number of hospital residents increase and the rest home numbers decrease. These beds will be dual-use beds so the residents will not need to change their area as their level of care increases. The transition plan includes increased hours across mornings, afternoon, and night shifts. As the number of hospital residents increase either by acuity or past two residents, the extra hours will be added. New staff will be recruited as required and will complete full orientation and training. Hours for RNs will increase as required as the acuity/ numbers of residents in the dual-purpose beds increases. Despite a higher than previous staff turnover, there is a well trained and experienced pool of staff to pick up this additional work.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Partial Provisional & Certification:</p> <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The SEM and nurse managers oversee all aspects of recruitment and retention.</p> <p>Eleven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</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</p>

		<p>provides new staff with relevant information for safe work practice and includes two weeks of buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Staff files are securely stored.</p> <p>Following any staff accident/ incident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is available for 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>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in either electronic format or paper-based files. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information 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 by a third party 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.</p>	FA	<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 prospective residents are screened by the SEM and unit nurse managers (registered nurses).</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>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 SEM and unit managers interviewed described reasons for declining entry would only occur if the service could not provide the 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 to guide management around admission and declining processes, including required documentation. The SEM keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, which is shared with the CEO, and the decline records capture ethnicity. The service is working towards gathering specific entry and decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had a waiting list and full occupancy once planned admissions arrive. The service receives referrals from the NASC service, Te Whatu Ora Southern, and directly from family/whānau.</p> <p>The service has an information pack relating to the services provided at Birchleigh Residential Care (including dementia specific information) which is available for families/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 family/whānau 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. There were residents and staff members identifying as Māori. The service has an established relationship with a representative from Te Whatu Ora -Southern who has links to Ngati Maniapoto and Ngati Rangatahi and a local marae to benefit Māori individuals and whānau.</p>
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<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>The electronic clinical records of nine residents were reviewed (three rest home, three dementia level of care, and three hospital level, including two residents funded on an accident corporation contract [one rest home and one hospital]). The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in electronic progress note entries. The service supports Māori and whānau to identify their own pae ora outcomes in their electronic care plans.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system to formulate an initial support plan, completed within 24 hours of admission. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of assessments formulate the long-term care plan. Initial interRAI assessments and reassessments were completed within timeframes for all long-term residents, excluding residents funded by ACC. Long-term care plans had been completed within 21 days for all residents. Care plan interventions were individualised, and resident centred; however, not all care plans included sufficient interventions to guide care. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Written evaluations reviewed, identified if the resident goals had been met or unmet. The GPs review the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the integrated electronic resident file.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. There are two GP's who both visit weekly and as required during working hours Monday to Friday. The practice operates an after-hours service at night, and the local emergency department is available. The GP interviewed commented</p>
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	<p>positively on the excellent care, communication, and supportive environment the service provides. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans.</p> <p>Any 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 for fifteen hours per week and has three physiotherapy assistants on staff. A podiatrist visits regularly. Specialist services including older persons mental health services, dietitian, speech language therapist, hospice, wound care, and continence specialist nurse are available as required through Te Whatu Ora Southern. The mental health specialist (nurse practitioner) interviewed was complimentary of the service.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by healthcare assistants. The RNs document in the progress notes at least weekly for rest home and dementia residents and daily for hospital level care residents. The 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 family/whānau. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were 20 current wounds on the electronic wound register, including five facility-acquired pressure injuries (two unstageable, two stage II and one stage I). All wounds reviewed had comprehensive wound assessments to show healing progress. There is access to the wound nurse specialist via Te Whatu Ora – Southern, whose input</p>
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		<p>into resident wound care was evident in one of the files reviewed. Healthcare assistants and nurses interviewed stated there are adequate clinical supplies and equipment provided, including 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>Healthcare assistants and the nurses complete monitoring charts, including: bowel chart; vital signs; weight; food and fluid chart; blood sugar levels; and behaviour on the electronic records; however, not all repositioning and restraint monitoring charts were completed in the required timeframes as required. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Opportunities to minimise future risks are identified by the nurse managers.</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 are two part time and two full-time activities coordinators working across the service. One staff member is enrolled in the diversional therapy apprenticeship programme. The service provides an activities programme six days a week, Monday to Saturday. All have first aid certificates.</p> <p>The overall programme has integrated activities that is appropriate for all residents. Each area has their own programme. The activities programmes are displayed on all noticeboards and each resident has a copy. The programme includes: exercises; bowls; walking groups; sing a-longs; word games; board games; ball games; skittles; movies; arts and crafts; van outings; and happy hour. The programme allows for flexibility and resident choice of activity. One on one activities such as individual walks, chats, and hand massage/pampering occur for residents who are unable to attend or participate in activities, or who choose not to be involved in group activities. There are plentiful resources. Pet therapy is a regular occurrence with a small dog residing permanently in the dementia area and a cat in the rest home. Van outings occur weekly for residents from each area. There are weekly church services in the chapel on site. Catholic residents have the opportunity to receive communion weekly.</p>

		<p>Entertainers including a music therapist visit regularly. Residents from Birchleigh meet with residents from other facilities for quizzes and activities. School and cultural group visits that were discontinued during Covid -19 periods are planned to recommence. Residents are encouraged to maintain links to the community whenever possible. There are tea and coffee making facilities on site and residents and their families/whānau are encouraged to utilise this.</p> <p>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. The community-based music therapist utilises Māori songs and poi in music sessions.</p> <p>There are smaller lounges and seating areas where quieter activities can occur.</p> <p>Residents in the dementia unit are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Each resident has an individual activities care plan which includes strategies for distraction and de-escalation.</p> <p>A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly as part of the long-term care plan evaluations. 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>Partial Provisional</p> <p>Appropriate resources are already available for the activities programme in the rest home unit and the designated storage area and supplies were sighted. The activities staff member will cover the activities for the residents in the reconfigured dual-purpose beds. There is provision to extend activities as required, as confirmed on interview.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff (RNs, enrolled nurses, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs, EN and HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication rooms. The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening; however, intranasal sprays in current use did not evidence an opening date or expiry date. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP. Controlled medications are documented; however, six-monthly stocktakes of controlled drugs have not been completed as scheduled.</p> <p>Eighteen electronic medication charts were reviewed. Indications for use, doses, timings, and contraindications were well documented and available to all medication competent staff for reference. The medication charts reviewed identified that a GP had reviewed all resident medication charts at least three-monthly and each drug chart has photo identification and allergy status identified. There is one self-medicating resident whose ability to self-medicate had been assessed appropriately, and medications were stored securely. Standing orders are not used at Birchleigh Residential Care. No vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice</p>
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		<p>is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Partial Provisional</p> <p>The reconfigured dual-purpose beds will access the secured medication cupboards in the adjacent rest home. The existing medication trolley will be sufficient to meet the needs of the hospital residents. The medication room and medication processes in both the rest home will remain unchanged. The current policies and procedures will continue to be used. The nurse manager advised that at least one staff member on each shift in each unit will have medicine competency.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are provided by an external contractor and overseen by a kitchen manager. The external contractor employs the kitchen staff. Serving staff are employed by the facility and have completed food safety training. All meals and baking are prepared and cooked on site by experienced cooks who are supported by rostered morning, and afternoon kitchenhands. All food services staff have completed food safety certificate or in-house food safety training. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The service caters for residents who require texture modified diets and other foods. The kitchen serves individual meals and delivers to kitchens in each unit in hotboxes. Residents are encouraged to come to the dining room for meals but may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are nutritious snacks available 24 hours a day. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The food control plan was issued on 2 May 2023. Daily temperature checks are recorded electronically for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), hot box serving temperatures, dishwasher rinse and wash temperatures. All</p>

		<p>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.</p> <p>Residents provide verbal feedback on the meals through resident meetings, which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. The external contractor has menu options specifically available to meet cultural preferences of Māori and Pacific residents, including boil ups, papaora, rewena bread and Fijian fish curry and panikeke. Resident surveys are completed annually. Residents and family/whānau interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian recommendations are updated on the nutritional profile and a copy forwarded to the kitchen.</p> <p>Partial Provisional:</p> <p>The external contracted kitchen service will continue to provide all meals. There is adequate space in the existing dining rooms for adequate tables and chairs. All meals will be provided from the main kitchen, using the existing menu and food control plan, and transported in hot boxes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 4 March 2024. The service excellence manager has overall responsibility for maintenance. A full-time maintenance person completes call bell checks, and monthly testing of hot water temperatures takes place. Testing of electrical equipment was completed by an external contractor November 2022. Checking and calibration of medical equipment, hoists and scales was also completed in September and October 2022. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. A vegetable pod in the courtyard is used by the residents in the rest home area. The facility is non-smoking.</p> <p>All rooms are single occupancy. All bedrooms have access to hand basins. All bedrooms and communal areas have ample natural light and ventilation. There are adequate numbers of communal toilets and shower rooms. There are communal toilets located close to communal areas in the rest home, dementia, and hospital areas. All toilets have privacy locks, and engaged/vacant signs are in use. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Residents interviewed reported their privacy is maintained at all times. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Personal care assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>Each unit has an open plan lounge and dining room. Each dining room has a satellite kitchen and food is served here from hot boxes.</p>
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Subsection 4.2: Security of people and workforce	FA	There is an emergency management plan to guide staff in managing emergencies and disasters. The facility has an approved fire

<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>evacuation plan. Fire evacuation drills are completed every six months. A contracted service provides checking of all facility equipment, including fire equipment.</p> <p>Civil defence supplies are checked six-monthly. The facility has back-up lighting, power and sufficient food and personal supplies to provide for its maximum number of residents. In the event of a power outage, a generator would be sourced to assist with alternate means of heating.</p> <p>There is sufficient water stored to ensure enough for three litres per day, for three days per resident. There are alternative cooking facilities as the kitchen contractor has access to other commercial kitchens and there is a barbecue and gas bottles.</p> <p>Staff are responsible for checking the facility for security purposes on the afternoon and night shifts. Surveillance cameras are situated in the hallways and appropriate signage is provided.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. There is at least one staff member on each shift with a current first aid certificate.</p> <p>Partial Provisional</p> <p>The fire department has been to review the building and reconfiguration plans. There will be no changes required to the fire evacuation plan, as no changes are being made to existing fire cells or fire doors.</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</p>	<p>FA</p>	<p>The infection control coordinator is a senior registered nurse who has been recently appointed into the position, and is supported by the SEM. The infection control coordinator oversees infection control and antimicrobial stewardship (AMS) programme across the service. The infection control and AMS programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked to the quality and risk system and is included in the strategic and quality plans. The infection control and AMS programme is reviewed annually by the infection control</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>coordinator and the quality and risk management team. Infection control audit results and surveillance results are discussed at all facility meetings and reported to the Board monthly.</p> <p>Partial Provisional Audit:</p> <p>The SEM and the infection control coordinator are knowledgeable around the infection prevention and control programme and responsibilities. There are no changes required with the reconfiguration of beds. There is adequate personal PPE in stock.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Partial Provisional & Certification:</p> <p>The designated infection prevention control coordinator is supported by the SEM. The service has a comprehensive pandemic plan, which includes the Covid-19 response plan. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is supplied as required.</p> <p>The infection prevention control coordinator has completed in-house infection training and there is further external education planned. There is good external support from the GP, laboratory, and Te Whatu Ora -Southern nurse specialist.</p> <p>The infection and prevention control manual includes 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 external quality consultant, the service excellence manager and nurse managers. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Audit tools are in place to check these are being utilised and best practice standards are being met. The service has information available in te reo Māori around infection control for Māori residents. Policies and training sessions</p>

		<p>guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention control coordinator and the SEM are involved in the procurement of all equipment and consumables and would be involved should there be plans for new buildings or major refurbishments.</p> <p>Birchleigh Residential Care 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 and at handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<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>Partial Provisional & Certification:</p> <p>The service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed at all facility meetings and reported to the Board. The 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</p>	FA	<p>Partial Provisional & Certification:</p> <p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention 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 on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>monthly infection summary. This data is monitored and analysed for trends and benchmarked monthly and annually. Infection control surveillance is discussed at all facility meetings and reported to the Board. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>The service receives email notifications and alerts from Te Whatu Ora – Southern for any community concerns.</p> <p>There have been Covid -19 exposure outbreaks in March 2023, December 2022, June/July 2022, and a norovirus outbreak in February 2022. The facility implemented their pandemic plan during the outbreaks. The three units (residents and staff) were kept separate. Staff wore PPE as per policy. Residents and staff performed rapid antigen tests (RAT) prior to each shift. Family/whānau were kept well informed by phone or email. Visiting was restricted. All outbreaks were appropriately notified, documented, debriefed, and well managed. As a result of a comprehensive risk assessment in January 2023, masks are no longer worn by staff or visitors. This would be reviewed in the event of a further outbreaks.</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 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. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. 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.</p> <p>There are sluice rooms in the hospital, rest home and dementia; all have separate handwashing basins and goggles are available.</p>

		<p>All laundry is processed on site. The laundry has a dirty to clean workflow. Clean linen is returned to linen cupboards on trolleys while personal laundry is returned in individual baskets. The linen cupboards in each house were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>Laundry and cleaning services are provided seven days a week. Cleaning and laundry services are monitored through the electronic internal auditing system by the household supervisor and is reviewed by the infection control coordinator. When interviewed, laundry and cleaning staff were able to describe appropriate infection control procedures and all were wearing appropriate personal protective equipment.</p> <p>Partial Provisional:</p> <p>There is sufficient capacity in the existing staffing models for the laundry and housekeeping to provide the same cleaning and laundry facilities. Cleaning and laundry chemicals will continue to be stored in the existing secure chemical storage areas. No changes are required with the reconfiguration of beds.</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 use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with Māori to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a nurse manager/RN. There are seven residents listed on the restraint register as using a restraint (five hospital and two dementia). All restraints in use were lap belts and used intermittently to minimise the risk of falls. The two residents in the dementia unit were high risk frequent fallers. A reassessment request had been recently approved for one dementia resident and the other dementia resident had not used restraint in recent months; however, remains on the register.</p> <p>The use of restraint is regularly reviewed in the monthly quality and</p>

		<p>health and safety meetings, and reported in the monthly unit meetings, three-monthly staff meetings and to the Board via the nurse managers' report. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. The files of the three of the seven residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). All seven residents were using restraint as a last resort and/or at their, or their family/whānau insistence. Written consent was obtained from each resident and/or their EPOA. No emergency restraints have been required.</p> <p>Paper-based monitoring forms are completed for each resident using restraint and uploaded to the electronic resident management system. Restraints are required to be monitored at least two-hourly; however, this was not always adhered to (Link 3.2.4). Care plan interventions document management of the risks associated with restraint, and resident's physical, psychological, and psychosocial needs, and addresses cultural needs. No accidents or incidents have occurred as a result of restraint use.</p> <p>Restraints are reviewed and discussed in facility meetings. The formal and documented review of individual restraint use takes place three-monthly.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced</p>	FA	<p>Birchleigh Residential Care is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit and any corrective actions identified from each unit is reviewed by the restraint coordinator and reported at quality and staff</p>

<p>by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>meetings. Every three months a review of all residents' requiring restraint is undertaken by the restraint coordinator and the GP. This includes a review of restraint use, restraint incidents (should they occur), and education needs. Restraint data, including any incidents, are reported as part of the restraint coordinator report to the SEM, and is included in reports to the Board. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</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 1.6.1</p> <p>I shall receive information in my preferred format and in a manner that is useful for me.</p>	PA Low	<p>There are policies and procedures around communication and open disclosure. Information is available in English and te reo Māori and can be made available in other languages as required. Interpreter services are available. Family/whānau interviewed stated they are kept informed about the care of residents. Eleven incident forms were reviewed across the service, which overall demonstrated good communication between the service and families. However, incident reports in the dementia unit evidenced family/whānau were not always being advised of accidents/incidents of their family member.</p>	<p>Two of four incident reports reviewed from the dementia unit did not evidence relatives' notification of incidents.</p>	<p>Ensure family/whānau are advised of accidents/incidents.</p> <p>90 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement</p>	PA Low	<p>All staff are required to complete competencies in relation to their role,</p>	<p>Three of the eleven staff files did not evidence</p>	<p>Ensure staff have completed annual</p>

<p>systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>		<p>including (but not limited to): infection control; restraint; culture; and moving and handling. Additional competencies include medication administration. Records of completion are maintained; however, not all staff had completed the required competencies.</p>	<p>completed staff competencies.</p>	<p>competencies in relation to their role as per schedule. 90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's</p>	<p>PA Low</p>	<p>The electronic care plans are holistic and resident centred. Residents and family/whānau participate in care planning to ensure care plans are individualised and reflect resident's pae ora outcomes, cultural preferences, resident goals, and aspirations. Care plans are documented by registered nurses and are used to guide staff to provide a high standard of care; however, not all care plan interventions were documented in the care plans reviewed. Staff interviewed were knowledgeable around individual resident's care needs and preferences. Care staff describe being updated around current requirements and changes in resident's condition and cares during shift handover. This is a documentation issue only.</p>	<p>i). Three dementia files reviewed did not evidence interventions to guide care staff on individual de-escalation and diversion techniques for management of challenging behaviour. ii). Three dementia files reviewed did not evidence either 24-hour care plans or a documented daily schedule to guide cares.</p>	<p>i). Ensure care plans include sufficient information to guide care staff on management of challenging behaviours. ii). Ensure care plans include sufficient information to guide staff on individual residents. 90 days</p>

wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
<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> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	Residents and family/whānau (where appropriate) are involved in care planning and decision-making processes. The care plans reviewed evidence resident centred goals and aspirations. The service has access to a range of paper-based monitoring forms, including (but not limited to): weight; food and fluid intake; repositioning; and restraint monitoring. These were utilised; however, not always maintained.	<p>i). Three hospital level care residents at risk of pressure injury did not have repositioning documented two-hourly, as instructed.</p> <p>ii). Three hospital residents utilising restraint did not evidence monitoring completed at required intervals.</p>	<p>i). Ensure that repositioning charts are completed as per required timeframes.</p> <p>ii).iii). Ensure restraint monitoring occurs as per policy.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system</p>	PA Moderate	There is a medication management system with processes and policies to ensure the safe medication management	i). A controlled drug quantity stocktake has not been completed in the	i). Ensure quality stocktakes are completed six-monthly as per

<p>shall be implemented appropriate to the scope of the service.</p>		<p>for residents. Medication policies are in place to guide staff around correct procedures in relation to medication management. Medications are stored securely and administered by competent staff. There were no expired drugs on site. A pharmacy agreement in in place. Internal audits are implemented (link 2.2.2); however, not all medication checks have been completed and not all medication indicate the opening date as required.</p>	<p>rest home, hospital, or dementia areas in the last 12 months.</p> <p>ii) Two sprays in pharmacy dispensed containers did not evidence opening dates.</p>	<p>legislation.</p> <p>ii). Ensure all medication in pharmacy dispensed containers evidences an opening dated and is discarded as per recommendations.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.