

Presbyterian Support Services Otago Incorporated - Ross Home and Hospital

Introduction

This report records the results of a Partial Provisional 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: Presbyterian Support Otago Incorporated

Premises audited: Ross Home and Hospital

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

Dates of audit: Start date: 28 June 2023 End date: 28 June 2023

Proposed changes to current services (if any): This partial provisional audit was to verify the following: To re-open 24 bed wing as dual-purpose beds in a wing that had previously been certified for Psychogeriatric level care. The Lyndsay unit (previously

psychogeriatric care was closed November 2022). The service intends to re- open the wing on 2 August 2023 and rename the unit Macara Unit.

Total beds occupied across all premises included in the audit on the first day of the audit: 94

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Ross Home is part of the Presbyterian Support Otago organisation. Ross Home is one of nine aged care facilities managed by Presbyterian Support Otago. The service is certified to provide rest home and hospital (geriatric and medical) for up to 100 residents. On the day of the audit, there were 94 residents.

This partial provisional audit was to verify a 24-bed dual service (hospital and rest home level) unit in an existing wing that was previously certified for hospital psychogeriatric care.

The audit process included the review of policies and procedures, documentation including transition/education and staffing plans, observation of the environment and a review of established systems and processes that are appropriate for providing rest home, and hospital (medical and geriatric) and interviews with managers. There are clear procedures and responsibilities for the safe and smooth transition of residents into the unit.

The quality adviser, the locum facility manager the unit manager for the new wing and current unit manager for existing wings were very supportive of this transition and aware of the transition plan.

Shortfalls and clinical recommendations from the previous surveillance audit are continued shortfalls for, timeframes for assessments and care plans, care plan documentation, care plan interventions and medication management.

The refurbished wing has no shortfalls as all resources and staff are in place, with only superficial decorating almost complete.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The organisation is governed by a Board of nine representatives. The Board meets monthly. There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation's vision, mission, and values. There is a well-documented Māori Health plan in place. A selection of the Board members can demonstrate expertise in Te Tiriti, health equity and cultural safety. A process way to identify and address barriers for Māori for equitable service delivery is ongoing, with additional expertise sought from Māori.

The locum manager is very experienced within the elderly care environment and is a registered nurse (RN). She attends a minimum of eight hours per year of education and training relating to managing an aged care facility. The service has appointed an experienced RN as unit manager for the Macara hospital and rest home wing.

This partial provisional audit verified the following: The existing Lindsay wing (now Macara unit) of 24 beds is appropriate for rest home and hospital level care. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work

practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are robust policies and procedures in place around assessment care planning and resident care. The services utilise an electronic assessment and care planning process. Medication policies reflect legislative requirements and guidelines. The registered 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. There will not be any changes to processes or staff working in the Macara wing.

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. The activities programme will continue to be provided and facilitated by existing staff.

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 are being met. The service has a current food control plan.

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

The building, including Macara wing, holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade.

The corridors in Macara are wide and promote safe mobility with the use of mobility aids. There is a large lounge/dining area.

Bedrooms are single occupancy with one double for partners if needed. There are ensuite rooms and plenty of communal toilets and showers as well. A small lounge has been identified as the whānau room. The service has cultural information to assist residents and whānau to access cultural support as needed.

Fixtures, fittings, and flooring are appropriate and able to be cleaned effectively.

The unit will be ready to open on 2 August after the service has completed refurbishments such as environmental improvements, painting and carpets.

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.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. There are no changes to the infection prevention and control programme.

Here taratahi | Restraint and seclusion

The restraint coordinator is a registered nurse. 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. There are no changes to the restraint programme for Macara wing.

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	11	0	0	2	0	0
Criteria	0	84	0	0	4	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Presbyterian Support Otago (PSO) Ross Home is located in Dunedin. The service provides rest home and hospital (geriatric and medical) levels of care for up to 100 residents. PSO Ross Home closed their psychogeriatric hospital wing in 2022 and plans to reopen these beds as dual-purpose rest home/hospital level beds on 2 August 2023.</p> <p>The purpose of this partial provisional audit was to verify the reconfiguration of the existing Lindsay wing of 24 beds is appropriate for rest home and hospital level care. The total bed numbers will increase to 124 and will now include 60 hospital beds, 24 dual purpose beds in the new Macara unit (the old Lindsay wing) and 40 rest home level beds.</p> <p>PSO Ross Home is one of nine aged residential care homes in Otago. The organisation is governed by a Board of nine representatives. The Board meets monthly. There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. There is a well-documented Māori Health plan in place. A selection of the Board members can demonstrate expertise in Te Tiriti, health equity and cultural safety. A process way to identify and</p>

		<p>address barriers for Māori for equitable service delivery is ongoing, with additional expertise sought from Māori. There is Māori representation on the Board.</p> <p>PSO also has a Clinical Governance Advisory group (CGAG) who provide feedback directly to the Board on clinical risk and the health and disability sector standard requirements via reporting mechanisms. The Finance Audit and Risk Committee meet monthly. The full risk management plan is reviewed by this subcommittee with feedback to the Board annually. The top 10 risks and the critical risks of the organisation are reviewed 4 times a year and are also reported to the Board. CGAG also review the Top 10 risks for our Enliven (aged care) service at their bimonthly meetings where this information is reported to the board. There are two Board members on the CGAG group who provide the link to and ensure discussion with the Board.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. The management team and Board review this feedback to identify barriers to care and improve outcomes for all residents.</p> <p>The locum manager is very experienced within the elderly care environment and is a registered nurse (RN). She attends a minimum of eight hours per year of education and training relating to managing an aged care facility. The service has appointed an experienced RN as unit manager for the Lindsay hospital and rest home wing.</p> <p>The service intends to open Macara Unit in phases, first ten beds, 2 August, then progressively open a further six beds and then the remainder up to 24 beds.</p> <p>There is a documented transition plan in place. The plan includes staffing, including the recruitment of a clinical manager to lead the transition and opening of the wing and the creation of four unit manager roles; all these roles were in place at the time of audit. Staff rosters and a bed opening plan, related to rostering is documented. The transition plan also includes recruitment of other staff, induction and orientation, linkages to the quality programme and the process for the new unit's name. There is also an equipment and resources acquisition list (all of which have been actioned). The transition plan documents liaison with Te Whatu Ora - Southern.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support for both the main facility and Macara wing.</p> <p>All staff are required to hold a first aid certificate. There is a first aid trained staff member on duty on each shift. An orientation pack is available for all new staff.</p> <p>The service has a locum facility manager who is an RN and very experienced in aged care management. There is also a clinical manager who is available Monday to Friday and on call. There are four unit managers (one for each unit); and all have been recently appointed; including a unit manager for the new Macara unit.</p> <p>The new Macara unit will have a phased opening with staffing adjusted as beds open. The wing which is part of the main care centre will be staffed as following.</p> <p>The unit manager has been appointed. There will be an RN rostered for each of the shifts (AM, PM, and night) ensuring 24-hour RN cover.</p> <p>HCA's will be phased in as resident numbers increase.</p> <p>For 0 to 10 residents there will be two HCA long shifts and one short shift for the AM, two full shifts for the PM and two full shifts at night.</p> <p>For 10 to 16 residents there will be three HCAs for the AM, three for the PM and two for the night.</p> <p>For 16 to 24 residents there will be four HCAs for the AM, four for the PM and two for the night.</p> <p>To begin with, activity staff will be shared with the existing service and an additional 0.8 FTE will be recruited once the Macara wing resident numbers reach ten.</p> <p>Discussion with management evidenced that consideration will also be given to additional staff if resident acuity is higher than expected.</p> <p>The education and training schedule lists compulsory training which includes cultural awareness training, dementia language skills, abuse and neglect, management of glaucoma, oxygen management, death and</p>

		<p>dying and infection control. Cultural awareness training has been provided during the orientation process. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise, which will include staff education, training, and competency assessments to ensure that staff are able to see and identify inequities. Māori health information is shared through the quality data and benchmarking.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including six-monthly fire drills and PPE training. Staff wellness is encouraged through participation in health and wellbeing activities. A local Employee Assistance Programme (EAP) is available to staff that supports staff to balance work with life.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-one caregivers have completed their level three Careerforce qualification and four have completed their level four qualification.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. Competencies cover restraint minimisation, infection prevention and control, skin management, insulin, medication management and observations.</p> <p>Nineteen RNs are employed and eleven are interRAI trained. Three unit managers and the clinical manager are also interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office. Six staff files reviewed (three RNs, and three HCAs) evidenced implementation of the recruitment process. The service is in the process of rolling out an RN leadership programme.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>completed at orientation and are repeated annually.</p> <p>All staff files and information is held securely. Staff ethnicity data is collected and reported at a governance level.</p> <p>There are no changes to the human resource processes or systems because of the opening of the beds in Macara unit, there is a comprehensive plan documented to ensure staffing can be maintained for the new unit and ongoing for the facility as a whole.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Seven electronic resident files were reviewed: four hospital (including one under a YPD contract and one on a palliative care contract, one ACC and one respite) and two rest home. The unit nurse managers and RNs are responsible for conducting all assessments and for the development of care plans. A registered nurse is responsible for an initial assessment, risk assessments and developed an initial care plan for all residents on admission, this audit evidenced these were not always completed within timeframes. The service uses a range of assessment tools contained in the electronic resident management system to formulate an initial support plan. The outcomes of risk assessments formulate the long-term care plan.</p> <p>All residents under the ARRC contract had interRAI assessments in place. Previous shortfalls around interRAI reassessment timeframes and care plan evaluations (3.2.1) have been addressed; however, not all initial interRAI assessments have been completed for new residents. Care plans are reviewed six-monthly or sooner for a change in health condition. Evaluations included residents progression towards meeting goals.</p> <p>The residents who are not under the ARRC contract had appropriate risk assessments completed and a care plan in place.</p> <p>Long-term care plans documented the needs and supports on the electronic system under sections: getting to know me, interactive me, supporting me and, healthy me; however, not all long-term care plans included interventions to meet the residents' assessed needs. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and relative or significant</p>

		<p>others are included in the resident's electronic file. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact forms.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP is also available after hours as required. All GP notes are entered into the electronic system. The GP interviewed commented positively on the care the residents receive. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist four days a week and occupational therapist for a total of five hours per week. A podiatrist visits regularly for foot care. These services will be available for the newly opened unit.</p> <p>There were 22 wounds registered on the wound log. Wounds include very minor skin tears to one stage four pressure injury. Incident reports and Section 31 notifications have been completed where required. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan, and evaluations. The previous audit noted that not all dressings could be evidenced as occurring at the documented frequency, this has been rectified. This audit identified that not all wound documentation was completed according to policy and there was no evidence of analgesia being offered or administered as prescribed prior to wound cares for one resident.</p> <p>A suite of monitoring charts are available for the RNs to utilise including (but not limited to) weight, vital signs, behaviour, restraint, repositioning, and neurological observations, which have all been completed as per policy. The previous shortfall (3.2.4) has been partially addressed; however, the shortfall remains open due to a shortfall around wound care documentation.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, enrolled nurses, and medication competent HCAs) who administer medications have been</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>assessed for competency on an annual basis. Education around safe administration of medication has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in medication trolleys and in four medication rooms. There is a small stock of medications kept for use on prescription and these are stored in one area and routinely checked. The medication fridges and medication room temperatures are monitored daily, and the fridge temperatures were within acceptable ranges. The temperatures in all four medication rooms evidenced temperatures were within range. This is an improvement from the previous audit. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Controlled medication management policies guide staff to document administration, including entries in the controlled drug register. The previous audit noted that not all entries evidenced that times in the CD had been completed as required, this is a continued shortfall.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had allergy status notified and photo identification; photos had been reviewed as per policy. This is an improvement from the previous audit. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. There were two self-medicating residents whose ability to self-medicate had been assessed appropriately, with secure medication storage available. No standing orders were in use and no vaccines are kept on site.</p> <p>The previous audit found that the effectiveness of 'as required' medication had not always been documented in the medication system, this is a continued shortfall for this audit.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the</p>
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		<p>reason for changing medications and side effects.</p> <p>There have been no structural changes to the Macara unit and the unit was previously a secure hospital level psychiatric wing. There is a secure medication room with cupboards and a medication trolley.</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 kitchen services manager (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by the PSO organisational dietitian – last reviewed in November 2022. The chef described how the service can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. On the days of the audit, staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>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 menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods.</p> <p>The food control plan was verified until August 2023. Daily temperature checks are recorded electronically for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required). All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily.</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.</p> <p>All food preparation and cooking etc will occur in the central kitchen with the same processes followed for residents in the Macara unit. Food will be transported to the new building in a hot box and served from there. There is a communal dining area with a servery. There is a kitchenette that includes tea and coffee making facilities should they chose to eat in their rooms.</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 December 2023, and this continues to accommodate the Macara unit. The service has a lift which operates between floors, with lift maintenance and the compliance certificate issued. The testing and tagging of equipment and calibration of medical equipment is current with annual checks. Records are maintained. All buildings, plant, and equipment are fit for purpose at Ross Home, and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from PSO head office and records evidenced implementation as scheduled.</p> <p>There are adequate supplies of equipment including (but not limited to); hi/low beds, weigh scales, pressure relieving equipment already in place, and there has been new equipment purchased.</p> <p>The corridors in Macara are wide and promote safe mobility with the use of mobility aids. There is a large lounge/dining area.</p> <p>Bedrooms are single occupancy with one double for partners if needed. Eight rooms have and an ensuite including a shower and toilet. There are also five toilets and four large shower rooms and a staff toilet.</p> <p>A small lounge has been identified as the whānau room. The service has cultural information to assist residents and whānau to access as needed, including access information for local iwi and Pasifika trusts. A powhiri and blessing are included in the planned opening ceremony.</p> <p>Fixtures, fittings, and flooring are appropriate and able to be cleaned effectively. Toilet/shower facilities are easy to clean.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is heating to all areas.</p> <p>There has been consultation of the environments to reflect the aspirations and identity of Māori and the unit was named following wide consultation.</p> <p>The unit will be ready to open on 2 August.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation.</p> <p>The fire approval for the entire facility includes the refurbished Macara Unit, (dated May 2005). A fire evacuation drill is repeated six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a civil defence response cupboard. This is checked six monthly. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>The building is secure after hours, staff complete security checks at night and a security firm patrols.</p> <p>There are call bells in of the rooms in Macara unit for all the bathrooms, toilets, ensuites, bedrooms and lounge areas and other communal areas. The call bells link to the existing call bell system and current call display units. There is a sprinkler system in place with smoke detectors.</p> <p>There are no changes required to emergency and security systems.</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</p>	<p>FA</p>	<p>The infection control coordinator is the clinical manager who oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p>

<p>ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>The infection prevention control nurse (IPC) has support from the PSO infection prevention continuous quality improvement group. The group has representation from each facility and includes the clinical nurse advisor who provides support as the infection prevention coordinator across the group.</p> <p>Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually as part of the quality plan. Infection surveillance data is collated monthly and is included in the benchmarking data. Infection matters are raised at every staff meeting, including general staff, RN, health and safety, and quality meetings. Infection rates are presented at staff meetings and discussed at quality meetings and Clinical Governance Advisory group (CGAG) meetings. The CEO receives reports on progress of quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with IP and AMS on a monthly basis, and any significant infection events. Infection control audits are conducted.</p> <p>The service has access to an infection prevention team from Te Whatu Ora – Southern.</p> <p>Visiting hours are open; however, visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. There were no residents with Covid-19 infections on the days of audit.</p> <p>Partial provisional:</p> <p>There are no changes to the infection prevention and control programme in relation to Macara unit. All current systems and processes will apply.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the infection control coordinators. Policies are available</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>to staff via the intranet.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control, and environmental audits are completed to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The clinical nurse advisor and the infection prevention coordinator have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products, and were involved in the purchasing of equipment for the new unit. There is no infection control input required for the new unit as only decoration changes; however, the IC coordinator was available with the clinical nurse advisor if required. Expiry dates of equipment and infection control stock are regularly checked.</p> <p>The designated infection control (IC) coordinator has been in the role for seven months and is supported by the PSO clinical advisor. The infection prevention coordinator has completed external training, including attendance at zoom workshops held by Te Whatu Ora – Southern. There is good external support from the GP, laboratory, and the PSO clinical nurse advisor. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation can source educational resources in te reo Māori information around infection control for future Māori residents. The registered nurse and facility manager explained how they will ensure participation in partnership with Māori for the protection of culturally safe practice in IP and acknowledge the spirit of Te Tiriti.</p> <p>There are no changes to the infection prevention and control programme. All current systems and processes will continue to be</p>
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		implemented.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings</p> <p>There are no changes to the infection prevention and control programme. All current systems and processes will apply.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. 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 monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, staff meetings and clinical governance group. The service is incorporating ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed in the staffroom 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 service receives information from Te Whatu Ora - Southern for any community concerns.</p> <p>There have been no outbreaks since the last audit.</p> <p>There are no changes to the infection prevention and control programme. All current systems and processes will apply.</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 manufacturers' 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 is a sluice room in Macara unit, with a separate handwashing basin flowing soap and paper towels.</p> <p>All laundry is processed on site. The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trollies while personal laundry is returned in individual baskets. The linen cupboards in each unit were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are three fulltime laundry staff. There are cleaners rostered separately to care staff. Cleaning and laundry services are monitored through the internal auditing system. When interviewed laundry and cleaning staff were able to describe appropriate infection control procedures and all were wearing appropriate PPE.</p> <p>There are adequate housekeeping staff currently in place to clean the unit and in the laundry as no changes were made when the unit was decommissioned.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Initial assessments, care plans, interRAI assessments and long-term care plans are developed by the RN. There was evidence of resident and family/whānau input to care planning and decision making. The previous audit identified that not all interRAI reassessments or care plan evaluations had completed within the required timeframes. This audit evidenced that ongoing interRAI reassessments and care plan reviews were completed within timeframe's for the five files reviewed; however, two of five resident files identified the initial interRAI assessments and initial care plan had not been completed within timeframes for two residents who had been admitted since the previous audit.</p>	<p>i) Two of five resident files did not have an initial interRAI assessment completed within 21 days of admission.</p> <p>ii) Two of five did not have initial care plans documented within set timeframes.</p>	<p>i) – ii) Ensure that timeframes are met for initial assessments and initial interRAI assessments.</p> <p>30 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(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;</p> <p>(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;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>	<p>PA Moderate</p>	<p>Care plans are developed by an RN in partnership with residents and family/whānau. Care plans are holistic and resident centred. The electronic resident management system includes cultural assessments that addresses needs, values, individual preferences, and beliefs of residents.</p> <p>The previous audit identified that care plans did not document all interventions to support care needs for residents. This is a continued shortfall for this audit.</p>	<p>Two respite residents (one hospital level and one rest home) did not include all interventions for all resident care and safety, including nursing interventions for pain and interventions to manage known behaviours that challenge.</p>	<p>Ensure that care plans document interventions to manage resident need.</p> <p>60 days</p>
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<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>	<p>PA Moderate</p>	<p>The previous audit evidenced shortfalls around the use of monitoring charts and wound management. Monitoring charts (including neurological observations and restraint) were completed appropriately for this audit, the previous shortfall (3.2.4) has been partially addressed as wound care documentation continues to be a shortfall. This audit also evidenced that analgesia had not always been given as charted prior to wound care for one resident.</p>	<p>i) One resident had two wounds documented on the same form.</p> <p>ii) One (palliative care) resident did not always have analgesia provided prior to dressing as directed by the wound care chart.</p>	<p>i) Ensure that each wound has a separate chart and evaluation.</p> <p>ii) Ensure that analgesia is offered and/or provided as directed by the wound care plan.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Storage of medication is maintained in the secure medication rooms. Room temperatures are recorded daily and were less than 25 degrees as per policy, and resident photos are reviewed at the time of care planning and at least annually as per policy. The previous shortfall has been partially addressed; however, there are ongoing shortfalls around the effectiveness of ‘as required’ medication documented on the electronic administration system or the progress notes; this has not been consistently documented. Controlled medication administration policies include</p>	<p>i) The effectiveness of ‘as required’ medication was not consistently documented in either the electronic medication system or the progress notes.</p> <p>ii) Six recent medication entries in the controlled drug register did not evidence the time of administration.</p>	<p>i) Ensure the effectiveness of ‘as required’ medication is documented.</p> <p>ii) Ensure the time of administration of controlled medications is documented in the register.</p> <p>60 days</p>

		documentation of the time of administration; however, this was not always evidenced.		
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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.