

Presbyterian Support Central - Woburn Home

Introduction

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

The audit has been conducted by 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 Central

Premises audited: Woburn Home

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: 4 May 2023 End date: 5 May 2023

Proposed changes to current services (if any): This report is written to align with the configuration letter of 2016 that reduced the beds from 110 to 99 to include 25 Dementia beds, 38 rest home beds including 10 dual purpose beds and 36 hospital level beds.

However, in November 2021 the nurses` station in the dementia unit was refurbished to a bedroom and increased the total number of beds from 25 to 26.

On the day of the audit this bed has been occupied since November 2021 by a permanent ARRC resident. The chief operating officer interviewed confirmed there was no reconfiguration letter completed at the time.

At the time of the audit there was a Covid-19 outbreak in the dementia unit and the room was verified virtually.

This surveillance audit verifies room 60 in the dementia unit (Court) to be suitable to be used for dementia level of care. The total number of beds increased to 100.

Total beds occupied across all premises included in the audit on the first day of the audit: 96

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

Presbyterian Support Central Woburn provides hospital (medical and geriatric), rest home level and dementia level of care for up to 100 residents. At the time of the audit there were 96 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, general practitioner, and management.

An experienced manager oversees the day-to-day operations of the facility. They are supported by a clinical manager. Family/whānau interviewed spoke positively about the service provided.

The service continues with environmental upgrades.

The service has addressed the four of six previous certification findings around the implementation of the quality and risk programme; human resources management and training; hot water and fridge temperatures; and the implementation of the reactive building maintenance.

Improvements continue to be required around the quality and management system and human resource management system.

This surveillance audit identified improvements are required around care plan interventions; and the implementation of the infection control programme.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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PSC Woburn 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. 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. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau 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.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

The activity programme offers a diverse range of activities and provides activities for both rest home, hospital, and dementia level residents. The programme incorporates the cultural requirements of the residents.

Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

PSC Woburn has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

Fire and emergency procedures are documented, and related staff training has been carried out. There is an implemented policy around resident, staff, and the building security.

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

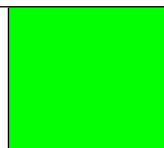
Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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A pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Three outbreaks have been documented and reported since the previous audit and all were well managed.

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 governance group are aware of their responsibilities in respect of restraint elimination. The service is actively working to eliminate restraint.

Use of restraints nationally is included in the monthly reports as one of the clinical indicators. Restraint use is demonstrated in graphs showing a breakdown of restraint use by each site and the 12-month trend for PSC restraint use. There was one resident with restraint at the time of audit.

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	16	0	4	1	0	0
Criteria	0	55	0	4	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>On interview, the manager stated the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Presbyterian Support Central-Woburn (PSC-Woburn).</p> <p>At the time of the audit, there were staff members who identify as Māori at PSC-Woburn. Seven HCAs interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. The business plan 2022-2023 documents a cultural strategy that include a commitment to a diverse workforce. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	Not Applicable	<p>The Pacific Health and Wellbeing Plan 2020-2025 will be the basis of the Pacific health plan. The regional manager confirmed PSC is working with the University of Auckland in developing a Pacific health plan; this is a work in progress. There is a cultural safe care policy that</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>		<p>aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality care. The service has established links with Pacific organisations through their Pacific staff.</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>	<p>FA</p>	<p>Residents, and enduring power of attorney (EPOA)/family/whānau, or resident's representative of choice, are involved in the assessment and care planning process to determine residents' wishes and support needs when required. Staff have completed cultural training which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility by involving residents in care planning, resident focussed goals and supporting residents to make choices around all aspects of their lives, as evidenced in care plans and supported by the Māori health plan.</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>PSC Woburn annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2022 to support the provision of culturally inclusive care. The organisation's orientation booklet has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process that include the use of the Kaumātua Oranga Wellness Map. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs. Seven residents (three hospital and four rest home residents), and one family/whānau (hospital), confirmed they are treated with respect. At the time of the audit, the dementia unit was closed due to a Covid-19 outbreak and family/whānau did not visit the facility and could not be interviewed.</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>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori Health Strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi, to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The business plan 2022-2023 reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on a patient/resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. There are educational resources available on the intranet.</p> <p>Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training and the education encourage reflectiveness, self-awareness and thoughtfulness in the team and foster the desire to be effective with people they come into contact with. Two managers (the manager and clinical nurse manager) stated that the service's Eden Philosophy is a holistic strength-based model of care and the adopted four pathways of the original He Korowai Oranga framework is resident and family/whānau centred. These principles are incorporated in the care plans (reviewed).</p> <p>Interviews with eighteen staff (seven healthcare assistants [HCAs], five registered nurses [RN]s (including three clinical coordinators), three recreational officers, one chef, one cleaner and one laundry assistant) confirmed to have a good workplace culture and teamwork.</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,</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori plan is available to guide on cultural responsiveness to Māori perspective of health. The clinical nurse manager and clinical coordinators interviewed demonstrated a good understanding of informed consent processes. Cultural awareness training includes best tikanga guidelines.</p>

<p>keep well, and live well. 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>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. A compliment, suggestions, concerns & complaints policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, had been addressed promptly. The manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is maintained. There were six complaints lodged since the last audit. There were four complaints in 2022 and two in 2023. No trends have been identified. All but one complaint is documented as resolved to the satisfaction of the complainants. One complaint remains unresolved pending further discussions with the family/whānau. Complaints have been resolved within the guidelines provided by the Health and Disability Commissioner (HDC). There were no complaints lodged through external agencies.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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>	FA	<p>PSC Woburn is part of Presbyterian Support Central – Enliven and is located in Wellington. Presbyterian Support Central (PSC) oversee thirteen aged care facilities across the lower North Island. PSC Woburn provides hospital (medical and geriatric), rest home and dementia levels of care for up to 100 residents. The report is written to align with the reconfiguration letter to the Ministry of Health in 2016 that stated the care facility includes 36 hospital level beds, and 38 rest home level beds (including 10 dual purpose beds). The surveillance audit now includes room 60 in the dementia unit (Court) verified to be suitable for</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>dementia level of care. The dementia level care beds increased from 25 to 26, to reflect the total number of 100 care beds.</p> <p>There were 96 residents at the time of the audit: 31 rest home residents; 39 hospital level residents, including one on a younger person with disability contract (YPD), and three residents on an Accident Compensation Corporation contract (ACC); and 26 dementia level residents. All other residents were on the aged residential care contract (ARRC).</p> <p>The regional manager interviewed confirmed the governance structure and changes as set out in the report. PSC Woburn has a business plan (2022-2023) that aligns with PSC Enliven overarching strategic plan (2020-2025) in place, with clear business goals to support their Enliven philosophy. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>PSC has a Board of eight directors which includes Pacific representation and a position for Māori. The position with support from the organisation cultural advisor and cultural support person includes providing advice to the Board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The Board receives a director’s reports monthly from the chief operating officer (previous Enliven general manager) and clinical director. There are two regional managers, and three nurse consultants, supported by a clinical director (a recently vacant position). Individual members of the Board have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The PSC Enliven strategic plan reflects the organisations commitment to collaboration with Māori. This aligns with the Ministry of Health strategies and how it addresses barriers to equitable service delivery. PSC Enliven Wai Ora learning package and Whanau Ora Te Reo education and dictionary is readily available to all staff.</p> <p>The Board is committed to the meaningful Te Tiriti partner representation. The Enliven Cultural Advisory Group (CAG) is made up of Māori staff, residents, whānau, kaumātua and iwi representation from the local area where the group meetings are currently held. Advice from the cultural advisory group have resulted in changes to</p>
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	<p>policy and procedures, introduction of regular mihi whakataua at each site, inclusion of karakia mō e kai at mealtimes, and updates to the mandatory training programmes for all staff to ensure clear understanding of the Te Tiriti obligations as it applies to individuals.</p> <p>Enliven advisory groups include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory Groups are compiled of staff, residents, family/whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet 3 – 4 times per year and develop policies and procedures. Senior Enliven staff are expected to sit on at least one of these groups. The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pacific staff.</p> <p>The quality programme includes a quality programme policy and quality goals (including site specific business goals) that are reviewed monthly in clinical focused (quality) meetings and quality action forms that are completed for any quality improvements/initiatives during the year. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through six-monthly resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The manager (non-clinical) has managed PSC Woburn since April 2022 and has experience in service management. The manager is supported by a clinical nurse manager who is a registered nurse and has worked for PSC for the last eight months. The manager has completed more than eight hours of training related to managing an aged care facility and education including: privacy related training; business planning; infection prevention and control; PSC annual managers training day; and the two-day Te Pumaomao Nationhood Building course in October 2022 at Huia Marae in Levin.</p>
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<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>PA Low</p>	<p>PSC Woburn has a documented quality and risk management programme. The business plan 2022- 2023 describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>The quality and risk management systems include performance monitoring through internal audits, through the collection of clinical indicator data and benchmarking. Monthly meetings are scheduled and include staff, clinical, senior team (huddles) and quality meetings (that includes health and safety and infection control). Meetings occurred as scheduled for 2022 and the schedule for 2023 is being implemented. Resident meetings and family/whānau meetings occur quarterly as scheduled. The previous audit shortfall (NZS HDSS:2008 # 1.2.3.5) around implementation of the meetings has been addressed.</p> <p>Quality data is discussed through these various meetings and opportunities to minimise risk are identified. When meetings occur, there is a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); staffing, education; quality data; health and safety; hazards; service improvement plans and corrective action plans; emergency processes; incidents and accidents; internal audits; and infections.</p> <p>Corrective actions are discussed at senior team (huddle), clinical, quality (including health and safety) and staff meetings to ensure any outstanding matters are addressed. Sign-off of actions outstanding arising from meetings are documented; however, have not always been signed off as addressed.</p> <p>The internal audit schedule has been implemented as scheduled for 2022; and is in place and being implemented for 2023. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. However, the infection control audit fell below the expected outcome and a reaudit has not been initiated (link 5.2.4).</p> <p>The 2022 resident satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided; there was a markable improvement from the</p>
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	<p>previous year in the overall satisfaction rate in all service delivery areas. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted).</p> <p>A risk management plan is in place. Health and safety meetings occurred as scheduled. Actual and potential risks are documented on an electronic hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The hazard register is current and reviewed in February 2023. Staff (including agency staff and contractors) are orientated to the facility's health and safety programme. The health and safety representatives have completed training in the management and support of health and safety in the workplace. The previous audit shortfall (NZS HDSS:2008 # 1.2.3.9) around completion of training for the health and safety representatives has been addressed. The health and safety team provide a monthly report that is presented to the quality and staff meetings. Hazard reports are completed on the electronic register (including staff injuries) and closed off when addressed; these issues are discussed at the meetings.</p> <p>Report forms are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Data is collated, trends are identified, and residents of concern are discussed at handover, clinical meetings, and quality meetings.</p> <p>Quality data and trends in data are posted on a quality noticeboard. Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, review of policies and internal audits. Training on Te Tiriti o Waitangi was provided in 2022 to support the high-quality healthcare for Māori.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Six Section 31 notification have been completed to notify HealthCERT in 2022 of: two for RN shortages; one resident absconding; one deep tissue injury; and two for the change in clinical nurse managers. Two Section 31 notifications for 2023 include one resident absconding and one night shift over Easter weekend with no</p>
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		<p>RN due to short notice absenteeism.</p> <p>There have been three Covid-19 outbreaks, including the Covid-19 outbreak in the dementia unit at the time of the audit. The outbreaks were reported to Public Health.</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.</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>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>Interviews with staff confirm that overall staffing is adequate to meet the needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes. There is at least one RN on each day 24/7 and the number of HCAs are sufficient to meet the roster needs.</p> <p>The manager and clinical nurse manager are on site Monday to Friday. There is a regional on call list. The Enliven GP is available after hours till 9.30 pm. The clinical coordinator is also available as a backup until 9 pm each night and weekends. There are medication competent HCAs to assist the RNs with medication administration and the two ENs are rostered across the rest home and hospital to support the RNs.</p> <p>PSC Enliven has a comprehensive three-year compulsory training programme for registered nurses and HCAs to ensure all requirements are being met, which is coordinated by two trainers. The training schedule have been implemented for 2022 and is being implemented for 2023 with Cycle three (health and safety; infection control; abuse and neglect; chemical safety; pain management; skin and pressure injury strategies and prevention; moving and handling; restraint) commenced and completed for the first group in February 2023. The previous audit shortfall (NZS HDSS:2008 # 1.2.7.5) has been partially addressed around implementation of the annual education schedule. There are 17 HCAs allocated to work in the dementia unit. Eight of eleven that have been working more than 18 months in the dementia unit and have completed the relevant dementia standards as per clause E4.5.f of the aged residential service agreement 2022-2023.</p>

		<p>This is an ongoing shortfall the previous shortfall (HDSS:2008 # 1.2.7.5) remains ongoing.</p> <p>Staff last attended cultural awareness training in October 2022. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff are encouraged to access the PSC Pae Ora intranet website which provides comprehensive and well-presented information on all aspects of Te Tiriti O Waitangi and health equity.</p> <p>The education and training schedule lists compulsory training (Enliven essentials and clinical topics). Infection control education is included and completed; however, it was not evident that the content includes linen handling practices during cares (link 5.2.4). Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include syringe driver and interRAI assessment competency. Six of ten RNs are interRAI trained and one enrolled nurse (EN). All RNs are encouraged to complete a professional development recognised programme (PDRP). The service is implementing an environment that encourages and support cultural safe care through learning and support.</p> <p>There are 64 HCAs employed across the service. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-four HCAs have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six electronic staff files were reviewed. The service has changed from a paper-based</p>

<p>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>system to an electronic system. Not all documents were able to be accessed on the electronic system.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy documented. The manager confirmed that all performance appraisals are updated till September 2022; however, since the change in the electronic format for staff files, the performance appraisal schedule could not be accessed. The previous audit shortfall (HDSS:2008 # 1.2.7.5) around completion of performance appraisals will remain.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. There are two trainers that assist with staff orientation. HCAs interviewed confirm the orientation to be adequate to equip staff with the relevant training. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Four of the six files reviewed were new employees; however, the completion of the orientation package/workbook could not be verified due to certain parts of the electronic staff file platform that were inaccessible on the days of the audit. The previous audit shortfall (HDSS:2008 # 1.2.7.4) around completion of orientation remains. There are 40 volunteers involved in the service (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Staff files are securely stored electronically. Ethnicity data is identified, and an employee ethnicity database is available.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>The service maintains a record of entry and decline rates. The manager reported that the service has not declined entry to anyone identifying as Māori and that they are aware of completing Māori specific data. There were residents who identified as Māori at the time of audit.</p> <p>The service works in partnership with local Māori communities, organisations, and their kaumātua.</p>

<p>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>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>Six resident files were reviewed: two rest home level; two dementia level; and two hospital-level care (including one resident funded by ACC and one YPD).</p> <p>The service contracts GPs from a local health centre for twice-weekly visits. Some residents choose to retain their own GP. The permanent residents' files evidenced that the GP visits the service as scheduled and is available on call until 9.30pm, after which time the hospital and ambulance emergency services are used as required. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals.</p> <p>Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system.</p> <p>All assessment and care planning is undertaken by a registered nurse. Initial care plans are developed with the resident and the resident's enduring power of attorney's (EPOA) consent within the required timeframe. Long-term care plans had been completed within 21 days for all long-term residents reviewed. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment; however, not all care plan interventions were documented to meet all resident needs.</p> <p>The initial interRAI assessments had been completed within the required timescales for all resident files reviewed. InterRAI assessments sampled had been reviewed six-monthly and care plans evaluated within the required six-month timeframe, with written progress towards goals for those residents who had been in the service for six-months or more. The residents' activity needs are</p>

	<p>reviewed six-monthly at the same time as the care plan review process.</p> <p>Short-term care plans are developed for the management of acute problems. These were also noted on the staff handover sheets, which were comprehensive in nature. Healthcare assistants described a verbal and written handover between the shifts. Progress notes are maintained on every shift and for all significant events.</p> <p>Resident electronic files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist visits one day per fortnight, and a dietitian is available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, clinical nurse specialists and medical specialists from Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley.</p> <p>The registered nurse and management interviewed described supporting a Māori resident and their whānau to identify their own pae ora outcomes in their care and support plan. This was evident in the resident's clinical record. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Family/whānau were notified of all changes to health, including infections, accidents/incidents, GP visits, medication changes and any changes to health status. Family/whānau notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There were 17 residents with wounds in total. These included one stage I, and one stage II pressure injury (non-facility acquired); the remaining wounds were skin tears, lesions, and chronic ulcers. Wound dressings were being changed appropriately in line with the documented management plan. There was evidence of wound nurse specialist input into chronic wound management.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals, and aspirations. The residents and family/whānau interviewed confirmed their involvement in the evaluation of progress and any</p>
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		<p>resulting changes.</p> <p>Continence products are available and care plans reflect the required health monitoring interventions for individual residents. The clinical progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. All incident reports reviewed evidenced timely RN follow up.</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>	FA	<p>PSC Woburn employs two full-time recreation officers, one of whom is a qualified diversional therapist (DT), who lead and facilitate the activity programme. The activities programme supports community initiatives that meet the health needs and aspirations of Māori and whānau. There are organised celebrations of Waitangi Day and Matariki. Māori language week was celebrated. Celebration photographs were displayed showing staff participation in cultural activities around the facility, including staff who identify as Māori. During the interview, the DT described in detail the cultural and individualised activities facilitated for Māori, Pasifika, and YPD residents, which in conjunction with the documentation reviewed evidenced meeting the residents' needs and aspirations.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. 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>	FA	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs, EN, and senior HCAs are responsible for the administration of medications. They have completed medication competencies and annual medication education. The RNs have completed syringe driver training. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. There is a hospital stock of medications that are checked weekly. Eye drops are dated on opening. There was a resident who self-administers inhalers. Appropriate processes were in place to ensure this was managed in a safe manner. The medication fridge and medication room temperatures were monitored, and daily records were</p>

		<p>within the acceptable range.</p> <p>Twelve resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time, date, and outcomes of pro ne rata (PRN) medications. All PRN medications had an indication for use documented. All medication charts had been reviewed by the GP at least three-monthly. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The clinical nurse manager and the GP stated that appropriate support and advice will be provided when requested by Māori.</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>There is a food control plan in place expiring in July 2023. Kitchen staff are trained in safe food handling. Kitchen staff and care staff interviewed understood tikanga Māori practices in line with tapu and noa requirements.</p> <p>Residents’ nutritional requirements are assessed on admission to the service, in consultation with the residents and their family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements.</p> <p>The Māori health plan in place includes cultural values, beliefs, and protocols around food. The chef interviewed stated that menu options culturally specific to te ao Māori are offered to Māori residents when required, giving some examples of how they meet Māori resident’s cultural food needs, including the provision of fry bread, and ‘doughboys’ (Māori dumplings) with certain meals. Family/whānau are welcome to bring culturally specific food for their relatives. Residents and family/whānau members interviewed indicated satisfaction with the food services.</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>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident 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 and their family/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, 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 current building warrant of fitness is displayed at reception and expires on 22 June 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The finding at the previous audit related to cracked vinyl flooring (HDSS:2008 # 1.4.2.4) was addressed and evidenced through photographs taken by a staff member in the dementia unit (auditors unable to enter the unit due to a Covid-19 outbreak in the unit). Visual inspection of the physical environment, internal and external, are safe and accessible. Safe mobility and independence are promoted through appropriate flooring, handrails in toilets and showers, and wide corridors. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.</p> <p>There is a documented preventative maintenance plan and include checking and calibration of medical equipment, testing and tagging of other electrical equipment. Checking and calibration of medical equipment, hoists and scales is next due 14 February 2024. Hot water temperatures are maintained within suitable ranges and checked monthly. There was evidence of the taking or recording of the temperatures of the kitchenette fridges which contained milk and some food for residents. The finding around hot water temperatures and fridge temperatures at the previous audit (HDSS:2008 # 1.4.2.1) has been addressed.</p> <p>The manager interviewed was fully informed around seeking</p>

		<p>consultation/input with PSC cultural advisors and/or community representatives, if needed, to ensure the design and environment of any future redesign would reflect the identity of Māori.</p> <p>In November 2021, the nurses` station in the dementia unit was refurbished to a bedroom and increased the total number of beds from 25 to 26. On the day of the audit, this bed has been occupied since November 2021 by a permanent ARRC resident. The chief operating officer interviewed confirmed there was no reconfiguration letter completed at the time. An email from the Senior Commissioning Manager of Te Whatu Ora New Zealand - Capital, Coast and Hutt Valley confirmed on 4 May 2023 that they agreed to the increase of beds. At the time of the audit there was a Covid-19 outbreak in the dementia unit and the room was verified virtually.</p> <p>A virtual inspection of room 31 evidenced the room to be spacious to allow for the residents` and staff to safely move around the bed. There is adequate space within the room to provide for mobility equipment and for the resident to move freely. There is a light above the bed with a staff call assist button and a resident`s call bell. The call bell point has a double adapter with a call bell cord and a cord for a sensor mat if required. The flooring is vinyl and is adequate for easy cleaning. The room has a window and a hand basin with flowing soap. There is plenty of light, ventilation and heating is centralised. There is access to a communal shower and toilet. Fixtures and fittings include a wardrobe, hospital bed and seating. The room was personalised. Room 60 is verified to be suitable for providing dementia level of care.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, and a fire evacuation drill is repeated six-monthly in accordance with the facility`s building warrant of fitness requirements.</p> <p>The building is secure after hours, and there are CCTV cameras at entrances. Staff complete security checks at night and this is recorded in the handover book. The dementia unit is secure. Staff are identifiable and wear name badges. All visitors and contractors are required to sign in, complete health declarations, and wear face masks</p>

		in the care areas.
<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>PA Moderate</p>	<p>There was a Covid-19 outbreak in the dementia unit on the days of the audit. The auditors did not enter the dementia unit or observed the infection control practices in the dementia unit.</p> <p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. The pandemic response plan was activated at the time of the audit. The response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The infection control lead (dementia unit coordinator) was interviewed and confirmed the response plan to be successful thus far. Staff are kept separate from the rest of the care centre and are required to complete rapid antigen test (RAT) daily. There are change of uniforms, linen handling and management of cutlery and dishes procedures, RAT testing for residents, care planning requirements and antiviral prescriptions provided. Clear communication includes outbreak management meetings with staff and regular communication with family/whānau. The infection control lead explains part of the response plan, including education around hand hygiene, personal protective equipment (PPE) and linen handling. However, during the visual inspection of the facility and facility tour, staff in the hospital were observed not to adhere to infection control policies and practices. The infection control audit monitors the effectiveness of education and infection control practices. The last audit in September 2022 was below the expected results; education occurred, and corrective actions were implemented and signed off; however, a re- audit has not occurred since then.</p> <p>Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection prevention leader and clinical team work in partnership with Māori residents and family/whānau for</p>

		the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood cultural considerations related to infection control practices.
<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 PSC Woburn infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at senior team, clinical, quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal benchmarking is completed by the clinical nurse manager and quarterly external benchmarking is completed by the clinical director. Meeting minutes and graphs are displayed for staff.</p> <p>The service receives information from the local Te Whatu Ora Health New Zealand -Capital, Coast and Hutt Valley - for any community concerns. There have been two Covid- 19 outbreaks since the last audit, which were managed well. There were clear processes around maintaining communication with residents and family/whānau during the outbreaks.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The governance group are aware of their responsibilities in respect of restraint elimination. This is outlined in policy and procedure and was confirmed at interview with the management team.</p> <p>Interviews with the management and staff confirm that the service is working towards a restraint-free environment. The clinical nurse manager is the restraint coordinator. Restraint data is benchmarked, and the restraint coordinator described how corrective actions would be implemented where required. Interviews with the manager, and the restraint coordinator confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana</p>

		<p>enhancing.</p> <p>There is one hospital resident utilising a bed rail restraint listed on the restraint register. The restraint register was maintained and current. Care plan interventions around restraint use included risks and monitoring requirements. Monitoring charts were completed and documented appropriately. Restraint is included as part of the mandatory training plan and orientation programme.</p> <p>Use of restraints nationally is included in the monthly reports to the Board as one of the clinical indicators. Restraint use is demonstrated in graphs showing a breakdown of restraint use by site and the 12-month trend for PSC restraint use. A breakdown of the types of restraints in use at a national level is also provided.</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 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>There is an internal audit schedule completed with corrective actions. There is a health and safety programme and a health and safety management policy that include the identification and documentation of hazards; these are signed off when addressed. There is a range of meetings held monthly. Meeting minutes include a set agenda. Actions arising from meetings as documented in the meeting minutes are not always evidenced as signed off as addressed.</p>	<p>Actions outstanding raised and documented in meeting minutes have not always been signed off as addressed or completed.</p>	<p>Ensure that outstanding actions arising from meeting minutes are documented as addressed and signed off.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support</p>	PA Moderate	<p>There is a schedule of staff competencies that is current. The PSC annual training programme</p>	<p>Three HCAs working in the dementia unit for more than 18 months are not yet enrolled to</p>	<p>Ensure all staff comply with the dementia education requirements in clause E4.5 f</p>

<p>workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>		<p>covers compulsory learning topics. There are 17 HCAs allocated to work in the dementia unit. Eight of eleven HCAs that have been employed for more than 18 months have completed the relevant dementia unit standards within the required timeframe. There were three staff that commenced employment within the last eight months that are enrolled to complete the dementia unit standards and three recently employed staff that is yet to be enrolled. This is an ongoing shortfall.</p>	<p>complete the relevant dementia standards as required.</p>	<p>of the aged residential service agreement 2022-2023.</p> <p>90 days</p>
<p>Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>The electronic staff file system changed since September 2022 and the manager confirmed that the electronic platform is difficult to navigate and /or inaccessible to view uploaded documents.</p>	<p>Due to the change in the system, it was difficult to access certain parts of staff files to ascertain if the new clinical nurse manager, two new clinical coordinators and one newly employed HCA have completed orientation.</p>	<p>Ensure staff files are accessible to evidence completion of orientation records.</p> <p>90 days</p>
<p>Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>There is an appraisal policy. The manager confirmed that all performance appraisals are up to date and completed as per schedule till September 2022; however, since the change in the electronic format for staff files, the performance appraisal schedule could not be accessed.</p>	<p>(i). The staff appraisal schedule was not accessible. (ii). It was difficult to verify if staff performance appraisals that were due since September 2022 were completed.</p>	<p>(i) –(ii)Ensure the staff appraisal schedule is accessible to ensure ongoing monitoring.</p> <p>90 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</p>	<p>PA Low</p>	<p>All assessments and long-term care plans are developed in partnership with the resident and family/whānau. Outcomes of assessments including cultural assessments are included in the care plans. Resident's files have long-term care plans developed and reviewed to meet individual resident's needs; however, there are gaps in the interventions documented for two of the six resident files reviewed.</p>	<p>(i). Two of six files (rest home, dementia) had no signs, symptoms, or interventions to guide staff in managing a diabetic emergency; however, for both cases, progress notes contained details relating to these conditions, and staff interviewed could describe the required interventions in detail.</p> <p>(ii). In the same two files, the rest home resident did not have an activity plan detailed, and the dementia resident did not have a 24-hour activity plan detailed.</p>	<p>(i)-(ii) Ensure care plans are in place that accurately reflect resident need in sufficient detail to guide staff in the care of the resident.</p> <p>90 days</p>
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<p>appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 5.2.4 Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	<p>PA Moderate</p>	<p>There is a suite of infection control policies including an outbreak management plan, Covid-19 response plan and pandemic plan available for staff to access. At the time of the audit, the pandemic plan was activated. Staff complete infection control training at orientation, including hand hygiene and effective personal protective equipment (PPE) donning and doffing. There were sufficient PPE available and stored. The infection control practices in the dementia unit were not observed due to the Covid-19 outbreak in the unit; however, during the facility tour and observations thereafter evidenced that staff in the hospital do not always adhere to the infection control practices. For example: two HCAs were observed to carry linen against their uniforms and had no plastic aprons on; another HCA was observed carrying an incontinence product without bagging it first; and one HCA later during the day was observed to come from a room with latex gloves and searching for an item in their uniform pocket. On the second day of the audit, one HCA was observed carrying an</p>	<p>(i). Staff were observed to not adhere to the appropriate infection control practices. (ii). There was no evidence that ongoing infection control training/education included linen handling practice as part of daily cares. (iii). There was no re-audit of the infection control audit completed following non-compliance of infection control practices, including hand hygiene. (iv). Staff were conflicted in the management and disinfection of bedpans using the ArjoHuntleigh Ninjo sanitiser.</p>	<p>(i). Ensure education updates are delivered at defined intervals to verify ongoing compliance and competency. (ii). Ensure infection control education includes content around the management/handling of linen as part of daily cares. (iii). Ensure re-audits are completed for the effective monitoring of compliance of infection control practices. (iv). Ensure there are clearly documented guidelines for the disinfection of bedpans and the use of the sanitiser and follow up with staff education.</p> <p>60 days</p>

		<p>uncovered bedpan to the sluice.</p> <p>The effectiveness of infection control practices is monitored through the internal audit system. The internal audit of September 2023 evidenced a 71% adherence to infection control practices and a 51% adherence to hand hygiene. Hand hygiene and PPE education and competencies were completed as part of the corrective action plan. A re-audit has not been completed since to ensure ongoing compliance.</p> <p>Infection control training and competencies are delivered at orientation. The orientation book evidence a comprehensive section related to the use of PPE and infection control practices. Full infection control annual training in February 2023 was completed as part of the annual education programme. Attendance numbers were high.</p> <p>The clinical nurse manager confirmed that linen handling practices were not included as part of the education following the low audit result. The hospital clinical coordinator confirmed the staff need more training on linen handling practices and explain that there is a bucket system in place to transport linen from rooms.</p> <p>There are three sluice rooms with a hand basin for hand hygiene and a</p>		
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		<p>Arjo Huntleigh Ninjo model sanitizer; there was no sink in the sluice rooms. The sanitizers can only disinfect one bedpan at a time; it was observed that there were several used but rinsed bedpans stacked on the bench waiting to be disinfected. It was unclear where the HCAs rinsed the bedpans as there were no sink. HCAs interviewed gave conflicting information around the process of disinfecting bedpans. The infection control policy reviewed documents around the disinfection of items between resident use but not explicit guidelines around the bedpans and use of the sanitiser. One HCA informed that previously all sinks and rinsing spouts were removed and replaced with the sanitizers as bedpans do not need to be rinsed prior to being put into the sanitizer.</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.