

# Mossbrae Lifecare Limited - Mossbrae Lifecare

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

**Legal entity:** Mossbrae Lifecare Limited

**Premises audited:** Mossbrae Lifecare

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

**Dates of audit:** Start date: 27 June 2023 End date: 28 June 2023

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 57

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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
Yellow	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
Red	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

Mossbrae Lifecare is one of seven facilities owned by New Zealand Aged Care Services Ltd. New Zealand Aged Care Services Ltd took over Mossbrae Lifecare in September of 2022, which provides rest home and hospital level care for up to 64 long term residents.

Since the provisional audit in July 2022 a new care home manager (CHM) has been appointed (June 2023).

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standards NZS 8134:2021 and the provider's aged residential care contract (ARRC) with Te Whatu Ora – Health New Zealand Southern (Te Whatu Ora Southern). The audit process included a review of policies and procedures, review of residents' and staff files, observations and interviews with family/whānau, managers, staff, and a general practitioner. All interviewees spoke positively about the care provided.

There were eight corrective actions identified at the previous provisional audit requiring improvement which have been addressed. This audit identified one area requiring improvement related to the environment and mobility access through two exit doors, and moss covering the concrete surrounding the main building.

## 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.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld. Personal identity, independence, privacy and dignity were respected and supported. Processes were in place to protect residents from abuse.

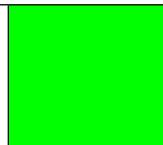
The organisation has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work and a Pacific plan, which was developed with Pacific communities, supports culturally safe practices for Pacific peoples using the service.

Residents and whānau receive information in an easy-to-understand format that enables them to feel listened to and make decisions about care and treatment. Open communication is practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision making that complies with the law. Advance directives were being followed wherever possible.

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

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

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

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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.		Subsections applicable to this service fully attained.
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Policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with whānau and residents, noting their activities of interest. Residents and whānau expressed satisfaction with the activities programme provided.

There is a medicine management system in place. The general practitioners (GPs) are responsible for medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas provide shade and seating and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator, who is a 'roaming' clinical nurse lead (RCNL), is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Management processes for waste and hazardous substances are in place. Cleaning and linen services were safe and effective

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	0	173	0	1	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The organisation has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination and they felt culturally safe.</p> <p>A Māori health plan has been developed and was in use. This Māori health plan was currently being reviewed by a board member who identifies as Māori. The transition regional manager interviewed confirmed that that the facility is in discussions with local iwi Te Runanga O Otakou to explore options in regard to cultural support.</p> <p>The service actively recruits for all levels of staff and does not discriminate based on ethnicity. The facility currently has no residents or staff that identify as Māori.</p>

		Whānau and residents interviewed were very satisfied with the culturally safe personal care and overall service delivery.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific plan, which was developed with Pacific communities, supports culturally safe practices for Pacific peoples using the service. The organisation is supported by an internal senior staff member who identifies as Pasifika, has ties with the Pasifika community and church and is available for advice, guidance and support as required. This staff member is currently reviewing the Pacific plan.</p> <p>The facility supports the employing of Pasifika staff members as vacancies and applications for employment permit and does not discriminate based on ethnicity. Ethnicity data is gathered when staff are employed. There were staff who identified as Pasifika at the time of audit but no residents.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code was conducted and evidence of this was sighted.</p> <p>There were no residents or staff who identified as Māori. The roaming clinical nurse lead (RCNL), and clinical nurse lead (CNL), reported that the service recognises Māori mana motuhake (self-determination) of residents, whānau, and their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</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>Residents are supported in a way that is inclusive and respects their identity and experiences. Whānau and residents, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The clinical team reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori and tikanga practices. The RCNL reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to reo Māori.</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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually.</p>

		<p>Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The RCNL reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the RCNL who reported that all outcomes will be managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective and that they felt listened to. Enduring power of attorney (EPOA) or whānau stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. This was supported in the residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had an EPOA or next of kin contact section in their</p>

		<p>file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Te Whatu Ora- Southern if required. Staff can provide interpretation as and when needed and use family members as appropriate.</p> <p>The RCNL reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The nursing team reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau to translate, and regular use of hearing aids by residents when required, is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately.</p> <p>Resuscitation treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the geriatrician, and GPs for residents who were unable to provide consent. The RCNL reported that the GPs discuss the resuscitation treatment plan with the resident, where applicable, or with the resident's whānau. This was verified in interviews with residents, their whānau, and the GP.</p>

		<p>Staff were observed to gain consent for daily cares. Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable.</p> <p>The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. The complaints management system has been reviewed to ensure this works effectively for Māori. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The complaints register recorded one formal complaint since September 2022. Documents sighted showed that prompt and appropriate actions had been taken. There were no open internal complaints at time of audit.</p> <p>In May the general manager held a resident and whānau meeting to address increasing concerns raised around the quality of food, answering of call bells, activities staff not been available to support residents, such as taking residents to appointments, and to provide an update around changes occurring since September 2022 including the change in management (refer to subsection 2.2).</p>

		<p>There is one police investigation that remains open at the time of audit. There has been one Te Whatu Ora Southern complaint from a whānau member, however this was closed by Te Whatu Ora Southern on the same day. There have been no complaints received from any other external sources since the previous audit.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Mossbrae Lifecare, since September 2022, is operated by New Zealand Aged Care Services Ltd and managed by a care home manager who commenced their role in June 2023 and a clinical nurse leader who has been there since the provisional audit in July 2022. The care home manager has a background in health management and has aged care experience. The management team is supported by a general manager/RN for operational and clinical support, A 'roaming' clinical manager whom supports clinically and a roaming regional transitional manager whom supports management aspects for New Zealand Aged Care Services Ltd facilities is currently supporting the team</p> <p>Three directors assume accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti.</li> <li>• defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation.</li> <li>• appointing an experienced and suitably qualified person to manage the service.</li> <li>• identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals.</li> <li>• demonstrating leadership and commitment to quality and risk</li> </ul>

	<p>management.</p> <ul style="list-style-type: none"> <li>• being focused on improving outcomes for Māori and people with disabilities.</li> </ul> <p>The board chair interviewed confirmed that there is one director that identifies as Māori who has completed core competencies in Te Tiriti, health equity and cultural safety and is currently reviewing the Māori health policy and plan. Te Tiriti, health equity and cultural safety has been discussed by the directors, and further training for the remaining two directors is booked and to be provided by an external consultant. Ongoing discussions are currently occurring to ensure that any barriers to equitable service delivery are identified and explored to reduce any risks.</p> <p>A sample of a report to the board of directors showed adequate information to monitor performance is reported. The board meets once a month and weekly meetings occur with the general manager and all New Zealand Aged Care Ltd Services facilities management teams. New Zealand Aged Care Ltd Services has commenced benchmarking across their facilities and this information will also be included in future reports.</p> <p>The care home manager and general manager confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Southern for aged residential care – hospital medical, geriatric, and rest home care. The agreement includes provision for respite and long-term support – chronic health conditions (LTS-CHC) and short-term palliative hospital level care. On the days of audit there was 48 residents receiving hospital level care; of those 48 residents, one resident was admitted under the LTS-CHC contract. Eight (8) residents were receiving rest home level of care; and one</p>
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		resident was admitted under an accident compensation cooperation (ACC) respite care contract.
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents, including infections. Residents, whānau and staff contribute to quality improvement through day-to-day conversations, residents' meetings and a suggestions box placed at the front door. The new care home manager interviewed confirmed that they will continue to have an open-door policy and encourage residents and whānau to discuss any concerns with them.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Mossbrae Lifecare currently has five internal corrective actions in place.</p> <p>Incident reporting identified an increase in controlled drug medication documentation errors and missing controlled drugs. As a result, relevant training for staff occurred on 8 June 2023 and this area will continue to be monitored by the clinical nurse lead. A police investigation is currently underway.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The care home manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The facility has identified external and internal risks and opportunities, including potential inequities, and developed</p>

		<p>a plan to respond to them. New Zealand Aged Care Services Ltd are yet to critically analyse their organisation's practices in regards to improving health equity.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner.</p> <p>The general manager and care home manager interviewed understood and have complied with essential notification reporting requirements. There has been one notification under Section 31 of the Health and Disability Services Act related to a pressure injury.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The transitions manager interviewed confirmed that safe staffing and the current roster are based on a full facility of 64 residents. At least one staff member on duty has a current first aid certificate. The roster reviewed over the last six weeks identified that the enrolled nurse is always rostered on with a registered nurse and that the clinical nurse lead has worked on the floor as the registered nurse for five shifts due to registered nurses (RNs) being on sick leave, mainly due to COVID-19. The organisation's roaming clinical RN has been on site for the last five weeks supporting the clinical nurse lead and the new care home manager. The transitions regional manager/RN appointed 01 May 2023 has also been on site to provide support.</p> <p>Care staff reported that at times there were not adequate staff to complete the work allocated to them. Interviews with management</p>

		<p>and review of the roster confirmed that they have been short staffed when staff have reported in at late notice due to sickness, and management have not been able to replace the person. The transitions manager interviewed confirmed that safe staffing and the current roster are based on a full facility of 64 residents so when unable to replace a staff member there is still safe staffing rostered on the floor. Meeting minutes with staff evidenced discussions around allocation and review of current staff working days to support the residents' needs. Residents and whanau interviewed were happy with the care provided</p> <p>The facility is working towards establishing an environment that encourages collecting and sharing of high-quality Māori health information.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. All staff have completed training in Te Tiriti o Waitangi and health equity. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Southern; however, this training is on hold currently as the facility's NZQA assessor left in April 2023. The service is currently exploring options for further NZQA educator support. Staff files reviewed demonstrated completion of required training and competency assessments.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals.</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>Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported. Staff performance is reviewed and discussed at regular intervals.</p> <p>Care staff interviewed confirmed that they are aware that they can receive support following incidents to ensure wellbeing.</p> <p>Ethnicity data is recorded and used in line with health information standards.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible and entries are timely, including staff signatures, designation and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Mossbrae Lifecare is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all necessary information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA or whānau of choice, and where appropriate, local communities and referral agencies. Completed Needs Assessment</p>

<p>care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home and hospital level of care, were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Whānau were updated where there was a delay of entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The RCNL reported that a record is kept of all potential residents who are declined entry. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/whānau are referred to a referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents who identified as Māori at the time of the audit. The RCNL reported that the service is collecting and analysing entry and decline rates, and this includes specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals 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>FA</p>	<p>All eight files sampled identified that initial assessments and initial care plans were resident-centred, and were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>with the residents, EPOA, and/or whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, whānau/EPOA, and GP involvement is encouraged in the plan of care development and updates.</p> <p>The GPs complete the residents' medical admission within the required time frames and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The RCNL reported that sufficient and appropriate information is shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition is reported to the registered nurses and this was evidenced in the records sampled.</p> <p>Interviews verified residents and EPOA/whānau are included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau, responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Wound management plans were implemented with regular</p>
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		<p>evaluations completed.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observation forms, blood glucose, and wound monitoring forms.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by activities coordinators. The programme runs from Monday to Friday with weekends reserved for church services, movies, visits from family and friends, and other activities facilitated by the care staff. The activities are based on assessments, and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. Residents' meetings are undertaken monthly.</p> <p>An initial activity assessment is completed for each resident within two weeks of admission in consultation with the resident and their EPOA or whānau.</p> <p>The activity programme is formulated in consultation with the management team, registered nurses, EPOAs/whānau, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest home and hospital level of care.</p>

		<p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau and friends. Outings are conducted as required in the company of EPOA/whānau and friends, except under COVID-19 national restrictions.</p> <p>There were no residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori will be facilitated through community engagements with community traditional leaders, by celebrating religious and cultural festivals, such as Māori Language Week and Matariki, and karakia and playing Māori music.</p> <p>Whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was documented. Weekly audits are completed, and corrective action plans were in place. Evidence of memos written to alert staff to consistently document PRN outcomes were sighted. The RCNL reported this resulted in significant improvement in the documentation process as compared</p>

		<p>to previous months.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The health care assistant was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms, and cupboards.</p> <p>There were residents self-administering medications. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>There were no standing orders in use.</p>
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<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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 service complies with current food safety legislation and guidelines. Meal services are outsourced to an external catering company. There was an approved food safety plan which expires on 30 April 2024. The menu was reviewed by a registered dietitian on 3 April 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights were monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded on the electronic management system. All decanted food had records of ‘use by’ dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA and residents interviewed indicated an increased satisfaction with the food service.</p>

		The RCNL reported that the service through the contracted catering company prepares food that is culturally specific to different cultures. Menu options that are culturally specific to te ao Māori are offered to Māori residents when required.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The RCNL reported that discharges are normally to other similar facilities. Discharges are overseen by the nursing team who manage the process until exit. This is conducted in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.</p> <p>A discharge or transition plan is developed and documented on the residents' files. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed.</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</p>	PA Low	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There are two external side doors that lead of the main corridor of the newer part of the building. These doors that are not commonly used by residents or staff lead and outside to a narrow pathway that runs alongside the main building. There is an approximate 20 centimetre drop to the ground outside from both doors however there is no signage to acknowledge this. The outside concrete on the same side as the two doors mentioned</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>above is covered with moss and is a slipping hazard.</p> <p>There is a current building warrant of fitness with expiry date 10 June 2024.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the premises.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. New Zealand Aged Care Services managers interviewed confirmed that residents and whānau would be consulted and involved in the design of any new buildings. The Code of Rights is on display in English and te reo Māori and cultural art works and bilingual signs were evident at the time of audit.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Fire trial evacuations occur six-monthly and last occurred on 1 March 2023, with another training date booked for all staff on 22 May 2023. The fire evacuation plan has been approved by the New Zealand Fire Service and was dated 8 July 2005. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p>

		<p>Call bells alert staff to residents requiring assistance. Appropriate security arrangements are in place. Cameras are evident in the main areas including camera signage.</p> <p>Residents were familiar with emergency and security arrangements. There is a staff member rostered on each shift who is first aid trained.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service and has been approved by the governing body. This information is linked to the quality improvement system and the board are kept informed of all infections each month. New Zealand Aged Care Services Ltd have commenced benchmarking among their facilities and this overall information will also be included in future reports. The programme is reviewed and reported on yearly.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The RCNL coordinates the implementation of the IPC programme. The infection control coordinator (ICC) role, responsibilities, and reporting requirements were defined in the ICC job description. The RCNL has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was overseen by the RCNL, is linked to the quality improvement programme and was current.</p>

		<p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. They reflected the requirements of the infection prevention and control standards with appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The ICC liaises with the care home manager and CNL on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora Southern. The RNCL stated that the care home manager and general manager will be involved in the consultation process for any proposed design of any new building, or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical</p>
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		<p>devices are not reused. There is a decontamination and disinfection policy to guide staff.</p> <p>Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The RNCL reported that kitchen linen is washed separately, and colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IPC observed, thus acknowledging the spirit of Te Tiriti o Waitangi.</p> <p>The RNCL reported that residents who identify as Māori will be consulted on IPC requirements as needed. In interviews, staff understood these requirements. The service has educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governing body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GPs have overall responsibility for antimicrobial prescribing.</p> <p>Monthly records of infections and prescribed treatment were maintained. The annual IPC and AMS review and the infection</p>

		<p>control and hand washing audit includes antibiotic usage, monitoring the quantity of antimicrobials prescribed, antimicrobial effectiveness, whether pathogens are isolated, and the occurrence of any adverse effects.</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>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, the reason for the increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed against the previous month's infection statistics.</p> <p>Residents and whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau. There were five COVID-19 infection outbreaks reported since the previous audit. These were managed in accordance with the pandemic plan with appropriate notification completed.</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 documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material safety data sheets (MSDS) were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Sufficient PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaning staff who are responsible for cleaning. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>There are designated laundry staff who are responsible for personal laundry at the service. All laundry is washed onsite. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received education appropriate for the service and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of IPC protocols. Resident surveys and residents' interviews confirmed satisfaction with the cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service.</p>

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>The governance group confirmed this when interviewed. At the time of this audit there were no restraints being used at Mossbrae Lifecare.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>If restraint is required, a restraint approval group would be put into place which would include input from the GP, and whānau/EPOA would be involved in the decision making. Until then, residents of concern and/or escalating behaviour are discussed in staff meetings and interventions put into place as required, as evidenced in meeting minutes reviewed.</p>
<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the general manager and in turn the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. In May 2023 three residents were reassessed regarding the need for</p>

<p>Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>restraint. Discussions were maintained with the GP, staff and whānau, interventions were put into place and the restraints were successfully removed.</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 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>There are two external side doors that lead of the main corridor of the newer part of the building. These doors that are not commonly used by residents or staff and lead outside to a narrow pathway that runs alongside the main building. There is an approximate 20 centimetre drop to the ground outside from both doors however there is no signage to acknowledge this. The outside concrete on the same side as the two doors mentioned above is covered with moss and is a slipping hazard.</p> <p>The two side doors were free from clutter. Interviews with the maintenance person and general manager confirmed that these two doors are not used by persons to access the outside area. The spraying of the concrete area was on the 'to do list' for maintenance;</p>	<p>The two side doors do not have signage acknowledging the foot drop from the doors to the outside concrete. The outside concrete area surrounding the building is a slip hazard due to the moss build-up.</p>	<p>Provide signage that all people are aware of the drop to the outside area from the two doors. Provide evidence that the outside concrete area slip hazard risk has been minimised.</p> <p>180 days</p>

		however, due to the wet weather this task had been delayed.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.