

Presbyterian Support Services (South Canterbury) Incorporated - Margaret Wilson Complex

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 Services (South Canterbury) Incorporated
Premises audited:	Margaret Wilson Complex
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 18 May 2023 End date: 19 May 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:	68

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
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

The Margaret Wilson Complex is owned and operated by Presbyterian Support Services (South Canterbury) Incorporated. The service provides care for up to 70 residents requiring rest home, hospital, and residential disability-physical level of care. On the day of the audit there were 68 residents in total.

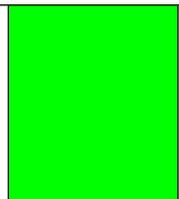
This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Te Whatu Ora Health New Zealand -South Canterbury. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a nurse practitioner.

The nurse manager is a registered nurse and has been in the role for eight years. They are supported by a registered nurse team leader and by a general manager for services for older persons across the organisation. Residents, family/whanau, and the general practitioner interviewed were complimentary of the service and care.

This surveillance audit identified a shortfall around education.

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.

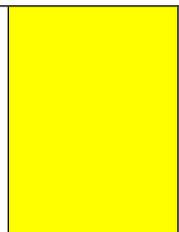


Subsections applicable to this service fully attained.

Margaret Wilson provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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



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

The business plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the national quality manager, who in turn, reports to the governing body and managing director/executive chairman. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews. Staff receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff.

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.

The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The electronic care plans demonstrate service integration. Policies and processes that describe medication management that align with policies and guidelines. Staff responsible for medication administration have completed annual competencies and education. The activities team provides and implements a wide variety of activities which include cultural celebrations. Food services are prepared offsite and transferred to Margaret Wilson Complex by an external contractor. Residents' food preferences, dietary and cultural requirements are identified at admission. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

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

Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness certificate. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. An approved fire evacuation plan is in place. The facility is secure at night.

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

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

Subsections applicable to this service fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Information is available in te reo Māori.

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.

Margaret Wilson strives to maintain a restraint-free environment. At the time of the audit there were no residents using restraints. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

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	20	0	1	0	0	0
Criteria	0	59	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan and policy is documented for the service. On interview the nurse manager and the general manager stated the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Margaret Wilson. Caregivers on interview confirmed management were supportive of Māori staff and providing employment opportunities. At the time of the audit, there were residents and staff members who identify as Māori at Margaret Wilson.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>The organisational general manager advised the organisation is actively working on developing a Pacific health plan in partnership with the local Pacific Aoraki service. The plan will address the Ngā Paerewa Health and Disability Standard 2021 and be based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and</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>providing high quality health. The service has linkages to Pacific groups through staff who work at Margaret Wilson. There are no residents that identify as Pasifika residing in the facility. There are staff who identify as Pasifika. Care planning is inclusive of identified cultural needs.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service recognises Māori mana motuhake through the Eden Alternative model of care, and this is reflected in the current Māori health care plan. Interviews with staff (seven caregivers, three registered nurses (RN), activities coordinator, one laundry, one housekeeper, one maintenance person and a human resource administrator) identified that they were encouraged to recognise Māori mana motuhake.</p> <p>Interactions observed between staff and residents were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible. Six residents (three rest home and three hospital residents, including two residents under 65) and four family (three rest home and one hospital) interviewed confirmed that independence is encouraged.</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>The Margaret Wilson annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi has been provided. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs. Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations.</p> <p>The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 and 2023 confirmed that residents and families/whānau are treated with respect. Residents interviewed confirmed they are being treated with</p>

		dignity and respect, with staff adhering to their cultural values and beliefs.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Margaret Wilson are expected to uphold. The policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, institutional and systemic racism, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Presbyterian Support South Canterbury employ a cultural advisor who supports prioritising wellbeing outcomes for Māori. The PSSC organisation provide a person centred and holistic model of care based on the Eden philosophy. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans.</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. 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. 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>	FA	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care. All resident consents sighted were included in the residents' files. The RNs interviewed demonstrated a good knowledge of 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>Access to complaint forms is located at the entrance to the facility or on request from staff. All residents receive a copy of the complaint's procedure on admission to the service. The policy ensures that the complaints process shall work equitably for Māori. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been no complaints (internal or external) lodged since the previous audit in May 2021. Discussion with the nurse manager and general manager and policy documentation confirmed that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and relatives confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they have, are addressed promptly.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Margaret Wilson Complex is one of three Presbyterian Support South Canterbury (PSSC) aged care facilities located in the Timaru district. The facility is certified to provide rest home, hospital, and residential physical disability care for up to 70 residents. There are 41 dedicated rest home beds (including 2 respite), and 29 dedicated hospital beds (including eight residential disability beds).</p> <p>On the day of the audit there were 68 residents: 40 residents at rest home level of care, including one on respite and one on a long-term support -chronic health conditions (LTS-CHC) contract. There were 23 residents at hospital level care, including one younger resident on a mental health contract. There were five residents on the younger persons with a disability (YPD) contract, all at hospital level care. All other residents were under the Age-Related Residential Care (ARRC) contract.</p> <p>Margaret Wilson Complex has an overarching strategic plan (2017-2027) is in place and a PSSC operational business plan (2021-2023)</p>

	<p>with business goals to support their Eden philosophy of care. The Eden Alternative Philosophy is based on ten core principles that help create living environments that nurture and celebrate companionship, spontaneity, enjoyment, choice, meaningful activity, and a balance between the giving and receiving of care. The PSSC incorporates Māori concept of wellbeing – Te Whare Tapa Whā into their Eden alternative model of care.</p> <p>The business plan includes a mission statement and operational objectives with site specific goals. The strategic plan reflects collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. PSSC has appointed a Kaiārahi who is a Kaumātua from Arowhenua. The Kaiārahi helped the Board develop a Bicultural statement which states that PSSC will advocate for and deliver support services that meet the Hauora (wellbeing) needs of Māori. The Kaiārahi is the link between the Board and Arowhenua Marae that provides advice to the Board, in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The organisation also employs a cultural advisor who is a staff member and works across the three facilities. The nurse manager has been in the role for eight years. They are supported by a team nurse leader (registered nurse) who has been in the role for five years. Registered nurses and experienced caregivers support the nurse manager and team nurse leader. The nurse manager reports to general manager Enliven services for older people. The CEO is supported by nine Board members that assist with advice and oversight of PSSC services. The Board meets monthly after receiving Board papers from the CEO. Each member of the Board has its own expertise, and the roles and responsibilities are documented in the Trust Charter.</p> <p>The chair of the Board attended a two-day workshop on Te Tiriti o Waitangi in 2022. The Board members have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety, and have completed Te Kete cultural competency.</p> <p>The nurse manager has completed more than eight hours of training related to managing an aged care facility and include training at the Enliven forum meetings with a topic at each meeting, pandemic</p>
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		management, NZACA aged care conference, cultural awareness and te reo Māori education, and workplace first aid.
<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>Margaret Wilson is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings (including clinical, staff, health and safety, and infection control) document comprehensive review and discussion around all areas. Meetings, handover, and newsletters ensure good communication. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The general manager benchmarks data against other PSSC facilities, and Presbyterian Support facilities nationally. Industry standards are analysed internally to identify areas for improvement.</p> <p>The 2023 resident satisfaction survey has been recently completed and indicates that residents have reported an overall satisfaction level of 87% within the service provided. A corrective action plan is being formulated around staff awareness of tikanga practices and the variety of activities. The survey results will be communicated to residents in scheduled resident meetings.</p> <p>Interviews with the general manager and the nurse manager (health and safety committee member) confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the general manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility.</p> <p>Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any</p>

		<p>follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The electronic system escalates alerts to PSSC senior team members depending on the risk level.</p> <p>Discussions with the general manager, nurse manager and team nurse leader evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eight Section 31 notifications completed to notify HealthCERT in 2021, 2022 and 2023 year to date relating to pressure injuries (including five unstageable and three stage III). There have been notifications made in relation to registered nurse shortages. Public health authorities have been notified of a Covid-19 outbreak in 2022.</p> <p>Staff complete cultural competencies and training to ensure a high-quality service and culturally safe service is provided for Māori. The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and organisational practices.</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>PA Low</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The nurse manager and team nurse leader work full time from Monday to Friday. The nurse manager and organisation general manager are both available 24/7 if required. The management team are supported by a registered nurse on each shift in the hospital and an enrolled nurse on morning shifts in the rest home.</p> <p>Staff working on the days of the audit were visible and attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory and that the managers provide good support. Residents and family/whānau interviewed reported there are sufficient staff numbers.</p> <p>There is an annual education and training schedule being implemented for 2023; however, the training schedule was not fully implemented during 2021 and 2022. The education and training</p>

		<p>schedule lists compulsory training, which includes cultural awareness training. Staff last attended cultural diversity training in September 2022 and cultural awareness training in April and May 2021.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 14 caregivers that have achieved a level four NZQA qualification, 21 staff have achieved level three and one has achieved level two; five staff are enrolled and working towards level two. Training around caring for younger residents is provided.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform and expertise of Māori staff creates opportunities for the workforce to learn about and address inequities.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN/EN staff, including (but not limited to) medication administration, blood sugar levels and insulin administration, oxygen administration, and wound management. Additional RN/EN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Four of nine RNs (including the nurse manager and the team leader) are interRAI trained. All RNs are encouraged to attend in-service training, STAR dementia training, palliative care sessions and training at the local Te Whatu Ora and attend four quadrant leadership training based in Christchurch. All RNs attend relevant quality, staff, RN, health and safety, and quarterly infection control meetings when possible. Registered nurses are encouraged to apply for sponsorship to attend external courses.</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</p>	<p>FA</p>	<p>There are comprehensive human resource policies including recruitment, selection, orientation, and staff training and development. Six staff files reviewed included a signed employment</p>

<p>people in adequate numbers meet my needs. 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. 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>contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. Job descriptions of roles cover responsibilities. A register of RN and enrolled nurse (EN) practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. 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. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There have been no agency staff used in the last twelve months.</p> <p>Information held about staff is kept secure, and confidential in an electronic database and/or in a paper-based file securely stored in the nurse managers office. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Records are kept of any prospective residents that had been declined. Decline records contain ethnicity information and is reported through to the general manager for analysis.</p> <p>There is an organisational cultural advisor who supports the organisation in meaningful partnerships with Māori communities and organisations at a facility level to benefit 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>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files were reviewed (three hospital level, including one younger persons with disability (YPD), and two rest home level of care, including one LTS-CHC and one on a respite contract). Initial assessments and care plans are developed with the residents and family/whānau input within the required timeframe.</p> <p>All assessments, interRAI assessments and reassessments, long-term care plans and evaluations were completed within expected timeframes. Outcomes of the assessments are addressed in the long-term care plans. The Eden Alternative philosophy guides the care plan and includes 'getting to know me' and 'healthy me' sections, identifying the resident's needs for support. The care plan includes activities and interventions to ensure that resident's physical, mental health, cultural and wellbeing needs are met. There are currently residents who identify as Māori. On interview, the RNs and caregivers had knowledge of the four cornerstones of the Māori health model plan 'Te Whare Tapa Whā'. End of life care is provided based on Te Ara Whakapiri. Staff were also able to describe removing barriers, so all residents have access to information and services required to promote independence. Registered nurses collaborate with residents and relatives when developing care plans, so residents can develop their own pae ora outcomes. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The resident on respite has initial assessments and an initial care plan documented. The resident on the YPD contract does not have an interRAI assessment (this is not required); however, the resident with an LTS-CHC contracts has interRAI assessments completed. Both residents have holistic long-term care plans which evidence resident input, resident's choices, and individualised goals.</p> <p>Residents have reviews by the general practitioner (GP) within the required timeframes or when there are changes in health status. The GP visits the facility weekly and provides out of hours services, as necessary. The GP interviewed stated that there was good communication with the service and any concerns are raised in a timely manner. A physiotherapist visits the facility twice weekly and</p>
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	<p>reviews residents referred by the team nurse leader or RNs. Other allied health professionals, including speech language and dietitian, are available as required.</p> <p>Residents interviewed reported their needs were being met. Family/whānau interviewed stated their family/whānau needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the RN initiates a review and if required, requests a GP visit.</p> <p>Adequate dressing supplies are available in treatment rooms. Wound management policies and procedures are in place. The electronic wound care plan documents assessments, wound management plan and evaluations at appropriate intervals. Photos were taken where this was required. There were six residents with wounds on the day of the audit, including one chronic ulcer. All wounds had individual wound assessments, comprehensive wound management plans and evaluations documented. Wound progression towards healing and photographs are taken if required. Where wounds require additional specialist input, a wound nurse specialist is consulted.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Monitoring charts include (but not limited to) weights, vital signs, turning schedules and charts were implemented according to the care plan. Incident reports reviewed reflected a clinical assessment and a timely follow up by a RN. Neurological observations are completed for all unwitnessed falls and those where a head injury is suspected. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the team nurse manager and nurse manager, in consultation with RNs and caregivers.</p> <p>Family/whānau are invited to attend GP reviews and if they are unable to attend, they are updated of any changes. Management and RNs report they routinely invite family/whānau to review meetings along with the resident. Communication with family/whānau is evidenced in the electronic system.</p>
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		Caregivers interviewed advised a verbal handover occurs at the morning and night shift with a written handover in the afternoon shift. There is a RN-to-RN handover occurring at each shift. This ensures each duty maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.
<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>Eden alternative model promotes residents make decisions about activities and how the facility is run and decisions about the activities provided. The activities team ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme.</p> <p>The service currently does not have residents who identify as Māori. The activities plan includes te reo Māori opportunities. Māori language week was celebrated with residents using te reo Māori, including learning common greetings. Residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying activities. The Eden alternative model promotes residents to make decisions about activities and how the facility is run, which promotes Māori mana motuhake (self-determination).</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>Policies and procedures are in place for safe medicine management. Medications are stored safely and securely. The internal audit schedule includes medication management six-monthly. Education around safe medication administration has been provided. A safe system for medicine management using an electronic system is used and observed on the day of audit.</p> <p>Twelve medication charts were reviewed and met prescribing requirements. Medication charts had photograph identification and allergy status notified. The GP reviews the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. A RN and caregiver were observed administering medications correctly on the day of audit.</p>

		<p>Residents and family/whanau interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. One resident was self-administering eyedrops (other medications are administered by medication competent caregivers). The resident who was self-administering was appropriately assessed, regularly reviewed by the GP, and had safe storage within their room.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Standing orders are not in use at Margaret Wilson Complex. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>There are two medication rooms that are secure. The fridge and room temperatures are recorded and maintained within the acceptable temperature range. Eye drops had prescription labels and evidenced date of opening. All medications no longer required are returned to pharmacy.</p> <p>The RNs and management described working in partnership with all residents and families/whānau to ensure the appropriate support is in place, advice is timely and easily accessed and treatment and access to medications are prioritised to achieve better health outcomes. The service supports younger persons with disabilities to access medication by providing support people where required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food is provided by a sister facility on another site, with serving staff employed at the Margaret Wilson Complex. The serving staff have an understanding of tapu and noa, consistent with a Māori view of hygiene and align with good health and safety practices. Residents are able to request a special meal in relation to their culture. The residents and family/whānau interviewed where complimentary regarding the standard of food provided.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current building warrant of fitness displayed. There is a maintenance person and a maintenance manager who works full time to complete maintenance requirements. Maintenance requests are logged through a communication book and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Presbyterian Support South Canterbury head office.</p> <p>Essential contractors such as plumbers and electricians are available 24/7 as required. Testing and tagging of electrical equipment and checking and calibration of medical equipment, hoists and scales has been completed. The service currently has no plans for building or major refurbishments; however, the management team interviewed were aware of their obligation to seek input from Māori to ensure their aspirations are reflected in the design.</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</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 29 November 2005. A recent fire evacuation drill has been completed (December 2022) and this is repeated every six months. The facility uses a contracted evacuation specialist to</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>conduct these fire drills.</p> <p>The building is secure after hours and staff complete security checks at night. A security firm patrols the grounds at night. Currently under Covid 19 management processes, all visitors are required to wear masks while on site.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Infection prevention and control resources, including personal protective equipment (PPE), are available in the event of resident infection or outbreak occur. There is an organisational pandemic response and Covid-19 plan in place which are reviewed and evaluated at regular intervals. On the days of the audit, staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Educational resources in te reo Māori are available for staff. There is a quarterly infection prevention and control meeting which is attended by Margaret Wilson Complex staff. Information from this meeting is brought back to the facility and shared through the various meeting and communication channels. There are culturally safe practices and educational resources, acknowledging the spirit of Te Tiriti. All staff are required to complete infection control education and are trained in cultural safety. Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and is part of internal and external benchmarking. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff. Ethnicity data is</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>captured around infections.</p> <p>There has been one Covid-19 outbreak since the previous audit in 2022. The outbreak was managed effectively with support and advice from Te Whatu Ora – South Canterbury. Communication was maintained with residents and families/whānau throughout the outbreaks with regular newsletters and emails.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using the least restrictive practice. At the time of the audit, there were no residents using restraints. The designated restraint coordinator (general manager) was interviewed and confirmed the organisation’s commitment to restraint minimisation and implementation across the organisation. On interview, management advised that if restraint is used, the service would ensure restraint oversight would include residents with lived experience, Māori, and whānau.</p> <p>The use of restraint is monitored in the monthly quality, clinical and staff meetings. The restraint policies ensure residents and family/whānau participate in restraint implementation and reviews. The management team interviewed confirmed restraint data is analysed the same as other quality data collated, with a corrective action plan documented (where required). Restraint minimisation training is included as part of the annual mandatory training plan. Restraint training and competencies are completed at orientation and competencies are completed annually.</p>

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 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is a documented in-service education plan in place which includes all compulsory subjects. The programme has been implemented as scheduled for 2023; however, the programme has not been fully implemented in 2021 and 2022.</p>	<p>The education plan has not been implemented as per schedule during 2021 and 2022. There was no evidence the followed subjects have been delivered: falls prevention; pressure injury prevention and management; abuse and neglect; chemical safety; spirituality; sexuality and intimacy; and challenging behaviour.</p>	<p>Ensure the in-service programme is delivered as per schedule.</p> <p>90 days</p>

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.