

# Presbyterian Support Services Otago Incorporated - St Andrews Home and Hospital

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## 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:

<b>Legal entity:</b>	Presbyterian Support Otago Incorporated
<b>Premises audited:</b>	St Andrews Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
<b>Dates of audit:</b>	Start date: 12 June 2023    End date: 13 June 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	73



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

## General overview of the audit

St Andrews Home and Hospital is part of the Presbyterian Support Otago organisation. St Andrews is one of nine aged care facilities managed by Presbyterian Support Otago. The service is certified to provide hospital (geriatric and medical) and rest home dementia level of care for up to 78 residents. On the day of the audit, there were 73 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora – Health New Zealand – Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with family, management, staff, and a general practitioner.

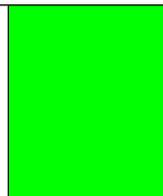
The manager has been in the role for three and a half years and is supported by two unit-nurse managers and administration staff. The management team are supported by a regional quality advisor and a regional clinical advisor and support staff at head office. The resident and relatives interviewed spoke positively about the care and support provided.

The service has addressed two of the four shortfalls identified at the previous certification audit relating to staff orientation and staff education. Further improvements are required around care planning and medication management.

This surveillance audit identified improvements are required around essential notifications, aspects of the quality programme, RN staffing, care plan timeframes, monitoring and evaluation.

## 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.

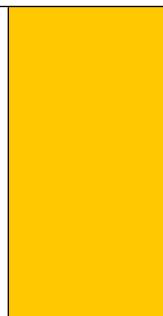


Subsections applicable to this service fully attained.

Presbyterian Support Otago (PSO) St Andrews Home and Hospital supports increasing Māori capacity. They acknowledge and are committed to the unique place of Māori under Te Tiriti o Waitangi. The PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

## 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 medium or high risk and/or unattained and of low risk.

There is a documented and up-to-date strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. One of the aims of this plan is to implement a bi-cultural strategy to ensure alignment with Te Tiriti o Waitangi.

St Andrews Home and Hospital established quality and risk management programmes include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data. Data is benchmarked with other PSO facilities and against other aged care facilities in New Zealand.

The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input.

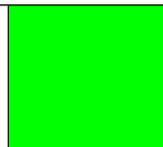
Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants who are responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme includes cultural celebrations, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences, cultural preferences and dietary requirements are identified at admission and all meals are cooked on site.

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

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



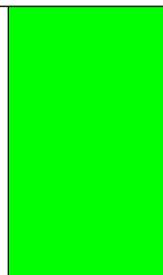
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

There is an approved fire evacuation scheme and emergency supplies for at least three days. Appropriate security measures are implemented.

## 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.

The infection control programme is appropriate for the size and complexity of the service. 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. There have been three outbreaks since the previous audit which were well managed.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is an experienced RN. Restraint minimisation is included in the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. There were residents using restraints at the time of the audit.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	0	4	0	0
Criteria	0	47	0	3	5	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>	FA	<p>Presbyterian Support Otago (PSO) St Andrews Home and Hospital supports increasing Māori capacity by employing more Māori staff, confirmed during an interview with the healthcare assistants and the facility manager. PSO processes are regularly reviewed by human resources to support engagement and retention of a Māori workforce. The Māori health plan includes processes to support engagement and retention of a Māori workforce. At the time of the audit, there were Māori staff. Careful attention is paid to matching the right healthcare assistants (HCAs) with the residents.</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</p>	Not Applicable	<p>Plans are underway for the PSO organisation to develop a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pasifika communities for guidance.</p>

<p>rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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 service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy. A Māori health plan and a cultural services response policy are documented for the service. As a key element of organisational cultural awareness, safety, and competency, PSO acknowledges and is committed to the unique place of Māori under Te Tiriti o Waitangi with reference to Te Pātikitiki o Kōtahitanga. The organisation is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person's culture is acknowledged, respected, and maintained. This was confirmed in interviews with five family/whānau relatives (three hospital, two and dementia) and four residents (hospital).</p> <p>An interview with four management (one facility manager, one unit nurse manager, one kitchen manager and one quality advisor) and ten staff (four healthcare assistants, two registered nurses, one diversional therapist, one training coordinator, one laundry, one maintenance) confirmed that Māori mana motuhake is recognised through the Valuing Lives model of care.</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 Māori health plan acknowledges te ao Māori. Tikanga Māori and te reo Māori is celebrated during Māori language week and is promoted throughout the year with evidence of signage in te reo.</p> <p>The management and staff work in partnership with all residents and family/whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori. Resident meetings are scheduled bimonthly. These meetings and annual satisfaction surveys are examples of ways that tāngata whaikaha participate in te ao Māori and that their needs are responded to.</p>

		Te reo Māori is used during a selection of activities, with plans underway to continue to promote te reo Māori. The new training package around Te Tiriti o Waitangi and tikanga Māori is in the final development stages. Cultural awareness training is included in the orientation process and is included in the education plan. Staff have completed cultural awareness training annually.
<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>PSO policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. The organisational code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff acknowledge that they accept the PSO code of conduct. Signed copies of the code of conduct were evident in staff files reviewed.</p> <p>The 'Valuing Lives' model of care used by PSO is strengths-based and holistic. Te Ara Whakapiri is utilised in end-of-life stages, and the Māori health care plan is based on Te Whare Tapa Whā model of care to ensure wellbeing outcomes for Māori residents.</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>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of residents' care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the resident receiving services wants them to be involved. Enduring power of attorney evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. The RNs interviewed had 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>The PSO complaints procedure is equitable and is provided to residents and relatives on entry to the service. The manager maintains a record of complaints, both verbal and written. There have been three complaints lodged since the previous audit. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints have been documented as resolved. There have been no complaints received from external agencies.</p> <p>Interviews with residents and family/whānau confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose which may include representation from Māori.</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>PSO St Andrews Home and Hospital is in Dunedin. They provide care for up to 78 residents at hospital and dementia level care. On the days of audit there were 73 residents with 22 dementia level care residents and 51 hospital level residents. There are no dual-purpose beds. There were two hospital level care residents on ACC contracts. The remaining residents were on the age-related residential care contract (ARRC).</p> <p>PSO St Andrews Home and Hospital is one of nine aged residential aged care homes in Otago. The organisation is governed by a Board of nine representatives. The Board meets monthly. There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation's vision, mission, and values. One of the aims of this plan is to implement a bi-cultural strategy to ensure alignment with Te Tiriti o Waitangi.</p> <p>There is Māori representation on the Board. The new board chair is committed to furthering the development of cultural representation. Current Board members can demonstrate expertise in Te Tiriti, health equity and cultural safety. The Māori health plan confirms health equity is a standing agenda item on clinical governance group meetings. Presbyterian Support Otago are working through the</p>

		<p>process of appointing a Cultural Advisor and increasing Tāngata Whenua connection and further representation on the Board. The Director of the Family works service is currently investigating with Te Rūnanga o Ngai Tahu around how they can work together to achieve equity, identify, and minimise barriers and improve outcomes for tāngata whaikaha and Māori within the organisation. The organisation identify barriers to equitable service delivery care to improve outcomes for all residents.</p> <p>The experienced manager is a registered nurse (RN) who has been in the role for the past three years and attends a minimum of eight hours per year of education and training relating to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>St Andrews Home and Hospital's established quality and risk management programmes include performance monitoring and benchmarking. It is led by the PSO quality advisor. The quality plan for July 2022 to 2023 identifies external and internal risks and opportunities along with response strategies. Interviews with managers and staff confirmed their involvement in quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>PSO St Andrews is implementing a revised meeting schedule. The clinical meeting is now incorporated into a monthly performance, quality and wellbeing review meeting based on an organisational reporting template. The template includes (but is not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Quality goals and progress towards attainment are documented. The report is discussed and updated at a monthly meeting involving management, registered nurses, health and safety representatives, maintenance, and other staff where applicable. The finalised report template is</p>

	<p>provided to the quality advisor and chief executive officer (CEO), shared at bimonthly staff meetings, and posted on staff noticeboards in each of the three units. Meetings have not been held consistently in 2022 or 2023 as a result of staffing shortages and outbreaks.</p> <p>Collation of quality data is completed by the PSO quality advisor monthly. Quality data is benchmarked with other PSO facilities and against other aged care facilities in New Zealand. Results and trends in data are posted in the staffroom for staff to review.</p> <p>The internal audits aim to provide continuous quality improvements to the services; however, not all audits have not been completed as scheduled for 2022 or 2023. Where internal audits have identified areas for improvement, corrective actions are documented however not all corrective actions evidence progress and or sign-off when achieved. Medication errors are documented, and corrective actions implemented and have been signed off as completed. The previous shortfall (HDSS:2008 #1.2.4.3) identified for improvement has been addressed; however, further shortfalls around implementation of the quality system have been identified at this audit. Meeting minutes evidenced internal audit results and corrective actions are discussed at meetings.</p> <p>The 2022 resident and family satisfaction survey process was completed in June and July 2022. Areas for improvement were identified and discussed at staff and resident meetings in September and October 2022. Overall, the responses were very positive.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. Staff noticeboards keep staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety meetings are scheduled monthly as part of the performance, quality, and wellbeing meeting.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms</p>
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		<p>reviewed. Incident and accident data is collated and analysed using the electronic resident management system.</p> <p>Discussions with the manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications; however, the facility manager advised that not all RN shortages have been notified. One notification has been lodged for RN shortages however staff and management reported this has been an ongoing concern since early 2022. Since the previous audit, there has been one section 31 notification completed to notify HealthCERT in relation to a resident who absconded and required police involvement. A further similar incident occurring in September 2022 was not evidenced as notified.</p> <p>There have been three Covid-19 outbreaks with subsequent facility or unit lockdowns. Te Whatu Ora – Southern, and Public Health authorities were notified for each outbreak.</p> <p>Work is underway to develop and assess staff cultural competency (link 1.4.5); however, staff who identify as Māori assist in ensuring high quality care is provided to Māori. Critical analysis of organisational practices is completed through benchmarking analysis and reporting at a PSO organisational level, annual reviews of the quality programme, updates to policy and procedures, education, and regular facility health checks.</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 Moderate</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support; however, the registered nurse roster has not been fully covered. Registered nurse staffing has been impacted by maternity leave and staff leaving to further their careers. This includes three unit nurse managers over the past eighteen months. Agency staff, casual staff and assistance from the facility manager have filled recent gaps. Management reported RN shifts have been difficult to cover.</p> <p>The facility manager (RN) is onsite Monday to Friday. A unit nurse manager works Monday to Friday and currently has responsibility for both hospital units. A unit nurse manager based in the dementia unit</p>

	<p>works Wednesday to Sunday and provides oversight across the facility in the weekend. A third unit nurse manager has been employed and commences employment later this month.</p> <p>The base roster evidenced a unit nurse manager is rostered in each unit five days a week Monday to Friday in the hospital and Wednesday to Saturday in the dementia unit. On-call support is provided by the facility manager on weekdays and shared by unit nurse managers in the weekend. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff.</p> <p>The two hospital units, each roster an RN on morning and afternoon shifts. One RN covers the three units on night shift. A review of the last two weeks roster identified not all RN shifts had been covered over the previous two weeks. There are currently two and a half full time equivalent RN vacancies.</p> <p>The ground floor hospital unit (Willows) has 26 residents and is staffed as follows: AM; one RN and five HCAs (all long shifts) PM: one RN and four HCAs (all long shifts).</p> <p>Level one hospital unit (Totara) has 25 residents and is staffed as follows: AM; one RN and five HCAs (four long and one short shift) PM: one RN and four HCAs (three long shifts and one short shift).</p> <p>Night: one RN across the three units and two HCAs on each unit.</p> <p>There are adequate numbers of HCAs with the manager reporting two HCA vacancies at the time of the audit. Current HCA staff are available to cover while staff are recruited. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents however HCAs commented on difficulty accessing the RN. Good teamwork amongst staff was highlighted during the HCAs interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>There is an annual education and training schedule. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. The registered nurses, activities staff and a selection of healthcare assistants hold current first aid certificates. Cultural awareness</p>
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		<p>training occurs during orientation and this continues annually through the education plan. Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise, which will include staff education, training, and competency assessments to ensure that staff are able to see and identify inequities. Sharing of Māori health information occurs at staff meetings along with the quality data and benchmarking results.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen HCAs have completed their level three Careerforce qualification and four have completed their level four qualification. Sixteen HCAs work in the dementia unit, of which ten have achieved the dementia unit standards. The remaining six have been employed in the area less than 18 months and are enrolled in the unit standards. Annual medication training for RNs and medication competent HCAs has been provided. The previous shortfall (HDSS:2008 #1.2.7.5) has been addressed.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. Competencies cover restraint minimisation, infection prevention and control, moving and handling and medication management.</p> <p>Five RNs are currently employed and three are interRAI trained. Registered nurses complete syringe driver competencies.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office. Staff ethnicity data is collected and reported at a governance level.</p> <p>Six staff files reviewed (two RNs, three HCAs and one diversional therapist) evidenced implementation of the recruitment process.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All files</p>

		reviewed evidenced completed orientations. Competencies are completed at orientation and are repeated annually. The previous shortfall (HDSS:2008 #1.2.7.4) identified for improvement has been addressed.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a 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>	FA	<p>The facility manager keeps records of prospective residents and family/whānau who have viewed the facility, admissions and declined referrals. The facility manager collects ethnicity data from prospective residents and can be analysed on the electronic system. Staff at head office are analysing the data for the purposes of identifying entry and decline rates for Māori. The PSO organisation is working to develop strategies to eliminate inequities between Māori and non-Māori and continues to work towards developing meaningful partnerships with Māori communities and organisations to benefit residents and their whānau. Currently the service utilises the contacts from family/whānau and Māori staff to provide support for residents and whānau where required.</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>	PA Moderate	<p>Six resident files were reviewed: four hospital (including one on ACC) and two residents from the dementia unit. The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan. The initial assessment and support plan is completed within 24 hours of admission. Nutritional requirements are completed on admission. Additional risk assessment tools including behaviour and wound assessments are available to use as required. The outcomes of risk assessments formulate the long-term care plan. The unit nurse managers and RNs are responsible for conducting all assessments and for the development of care plans in partnership with the residents and family/whānau; however, not all residents' files had initial assessments – getting to know me, risk assessments and an initial care plan.</p> <p>The service received an interRAI waiver for completion of six monthly</p>

	<p>interRAI reassessments and change in condition interRAI assessments (between March and July 2022). Of the five files that required an interRAI assessment three did not have an initial interRAI assessment completed within the 21-day timeframe, and one did not have the six-monthly interRAI completed in the required timeframe.</p> <p>Long term care plans had been completed within 21 days for long-term residents, these documented the needs and supports on the electronic system under sections: getting to know me, interactive me, supporting me and, healthy me; however, not all long-term care plans included interventions to meet the residents' assessed needs. The previous finding around interRAI timeframes (NZS 8134:2008 Criteria 1.3.5.2) continues to require addressing. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident or family/whānau are included in the correspondence section of the resident electronic file.</p> <p>Evaluations were completed; however, not all were reviewed six-monthly or sooner for a change in health condition. In three of the files where evaluations were required there were shortfalls noted in the timeliness of the completion in one file and in others, and they did not document progress towards care goals. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and documented in progress notes and family/whānau contact forms.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP is available on call via phone, text, or email so is able to respond in a timely manner for residents with health concerns. All GP notes are entered into the electronic system. The GP commented positively on the care the residents receive; however, commented on the limited RN staffing levels. Care plans include allied health and external service provider involvement. When a resident's condition alters, the RN initiates a review and if required, a GP visit.</p> <p>Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist four days a week for a total of twelve hours. A podiatrist visits regularly for foot care.</p>
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	<p>Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora – Southern. Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>There were fifteen residents (one dementia and fourteen hospital) with a total of fifteen wounds including seven pressure injuries (one stage 2 and six stage 1). The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan, and evaluations. An electronic wound register is maintained. Registered nurses confirmed on interview that they have attended wound management training.</p> <p>Current infections and wounds assessments include care plan interventions to reflect resident care needs. Short-term needs are assessed and added to the long-term care plan when appropriate and removed when resolved.</p> <p>Healthcare assistants interviewed described a verbal and written handover at the beginning of each duty to maintain continuity of service delivery, this was observed on the day of audit and was comprehensive in nature. Progress notes are written electronically every shift and as necessary by HCAs and at least daily by the RNs for hospital residents and weekly for residents in the dementia area. RNs add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative’s needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The RNs interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans. Care plans include the physical, spiritual, family, and mental health of the residents. For end-of-life care there is a specific plan which is based on Te Ara Whakapiri. The service supports all people with disabilities by providing easy access to all areas and is supportive of all residents</p>
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		<p>(where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>Healthcare assistants and RNs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted during the audit. A continence specialist can be accessed as required.</p> <p>Healthcare assistants and RNs complete monitoring charts on the electronic system including (but not limited to) bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, toileting regime, repositioning charts, and restraint; however, not all of these were completed as per care plan instructions. Electronic incident reports are completed for all resident incidents or accidents. The reports reviewed evidenced timely follow-up and investigation by an RN. Family/whānau are notified following adverse events. Opportunities to minimise future risks are identified by the unit nurse manager who reviews every adverse event. Neurological observations are initiated for unwitnessed falls, or where there is a potential head injury; however, the recording of neurological observations does not always meet policy timeframes.</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>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication fridges and medication room temperatures are monitored daily, and the fridge temperatures were within acceptable ranges. The temperatures in the three medication rooms met the required standard. All eyedrops</p>

		<p>have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had allergy status notified and photo identification; however, not all photos had been reviewed as per policy. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had not always been documented in the medication system. There were no residents self-medicating. No standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The RNs described when required; working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen services manager (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on site. The organisation can incorporate individual Māori residents cultural values and beliefs into menu development and food service provision when required. On the days of the audit, staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. Nutritional snacks are</p>

		<p>available 24/7.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau are involved in all exits or discharges to and from the service, including having options to access other health and disability services and social support or Kaupapa Māori agencies where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building warrant of fitness is current to August 2023. The service has a lift which operates between floors with lift maintenance and the compliance certificate issued. The testing and tagging of equipment and calibration of medical equipment is current with annual checks. Records are maintained. All buildings, plant, and equipment are fit for purpose at St Andrews, and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Recent hot water temperatures were above 45 degrees, the plumber has corrected this. PSO head office develops and provides the maintenance schedule and records evidenced implementation as scheduled.</p> <p>There are no plans for building projects, or substantial refurbishments; however, if this arises, there is Māori representation on the Board to ensure aspirations and Māori identity are included.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours, and staff complete security checks at night. A contracted service patrols the grounds at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic response plan was developed at head office and included site specific procedures. There are outbreak kits readily available.</p> <p>The infection prevention coordinator is new to the role and has attended training at Te Whatu Ora - Southern in May 2023. Adequate PPE stocks were sighted in each of the units and in a dedicated storage area, and stock is monitored regularly to ensure good supplies are maintained and expiry dates are also checked and recorded. Hazardous waste is collected by approved contractors weekly.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation is able to source educational resources in te reo Māori information around infection control for Māori residents. The organisation is working on reviewing policies to include participation in partnership with Māori for the protection of culturally safe practice in relation to infection control and acknowledge the spirit of Te Tiriti o Waitangi. Staff who identify as Māori ensure staff adhere to culturally safe practices around infection control, as verified during interviews.</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</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the</p>

<p>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 methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends, monthly and annually.</p> <p>The quality advisor completes monthly benchmarking, and this is reported locally to all staff and to the clinical advisory group and continuous quality improvement group at head office. Infection control surveillance is discussed at quality, staff meetings and clinical governance group. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora - Southern for any community concerns.</p> <p>There have been three outbreaks since the previous audit (two in 2022 and one in March 2023). The outbreaks were documented with evidence of comprehensive management. The infection control coordinator and quality advisor interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their family/whānau were updated regularly. All outbreaks were documented and reported accordingly.</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.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standards 2021. At the time of the audit there were nine hospital level residents using restraint (three bedrails, six lap belts). Restraint monitoring is not occurring as per policy (link 3.2.4).</p> <p>St Andrews Home and Hospital is committed to providing services to residents without use of restraint. The designated restraint coordinator (RN) was interviewed and monitors and reports on all restraint use. The quality advisor, chair of the PSO restraint continuous quality improvement group was interviewed and</p>

		confirmed restraint use including ethnicity is reported to the Board each month.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>Clinical meetings and performance, quality and wellbeing are scheduled monthly. Full staff meetings are scheduled bimonthly. The facility manager advised meetings have not always been held as scheduled due to staffing shortages. Internal audits are scheduled; however, not all have been implemented in the last 12 months. Corrective actions have been documented; however, do not always evidence completion.</p>	<p>i) Staff meetings have not been held as scheduled. One bimonthly staff meeting has been held this year in February 2023. Three of five scheduled clinical, performance, quality and wellbeing meetings have been held in January, February, and May 2023.</p> <p>ii) The internal audit schedule (July 2022 – May 2023) evidenced that four of ten internal audits had not been completed.</p> <p>iii) Corrective actions are documented; however do not evidence sign off when</p>	<p>i) Ensure staff meetings are held as scheduled.</p> <p>ii) Ensure the internal audit schedule is completed as planned.</p> <p>iii) Ensure documented corrective actions evidence completion.</p> <p>60 days</p>

			completed	
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA Moderate</p>	<p>On interview the facility manager acknowledged an awareness of statutory and regulatory obligations around reporting of outbreaks, adverse events, and staffing shortages however not all events have been notified.</p>	<p>i) HealthCERT have been notified of one RN staffing shortage; however, this has been an ongoing issue for over a year.</p> <p>ii) An incident involving a resident who absconded with police intervention and required hospitalisation was not notified.</p>	<p>i) - ii) Ensure section 31 notifications are completed as required.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>PSO St Andrews has been advertising and actively recruiting registered nurses and clinical management staff for over a year. Despite ongoing attempts the service has current vacancies for the 2.5 full time equivalent RN and a UNM. A unit nurse manager has been employed and commences later this month. Four RNs are currently on parental leave. On interview staff reported difficulty in providing cover for unplanned leave. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. There is evidence of recent rosters where there has been one RN or UNM covering all three units on morning and afternoon shifts and it has not been possible to provide sufficient RN cover to meet roster requirements. Rosters evidence eight of</p>	<p>The service currently does not have sufficient numbers of registered nurses to have an RN on duty on some shifts as per the ARRC contract D17.4 a-i.</p>	<p>Ensure there is sufficient RN cover to meet contractual requirements.</p> <p>60 days</p>

		the previous 14 days morning shift and all afternoon shifts had one RN rostered across the facility. On the days of audit there was one RN for 73 residents. This was confirmed on interview with the FM, and RN. The facility manager (RN) provides assistance for vacant shifts.		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>A suite of assessments are available on the electronic resident system. All assessments are completed by an RN in partnership with residents and family/whānau. InterRAI assessments have been completed for permanent residents on the ARRC contract within timeframes in two of five permanent files. Initial “getting to know me” assessments have been completed for five of the six files reviewed within 24 hours of admission. Three of six resident files had completed long term care plans within 21 days of admission. The resident funded by ACC had appropriate risk assessments completed.</p>	<p>(i) Initial interRAI have not been completed within 21 days for two of five residents.</p> <p>(ii) InterRAI reassessments have not been completed six monthly (outside of the waiver) for one of five residents who required an interRAI assessment.</p> <p>(iii) Initial “getting to know me” assessment was not completed in one of the six resident files.</p> <p>(iv) Three of six resident files reviewed did not have a long-term care plan documented within 21 days of admission.</p>	<p>i) Ensure initial interRAI assessments are completed within 21 days.</p> <p>(ii) Ensure repeat interRAI assessments are completed six monthly or more often for residents who require interRAI assessments.</p> <p>(iii) Ensure initial “getting to know me” assessments are completed. within 24 hours of admission.</p> <p>(iv) Ensure residents have a long-term care plan documented within 21 days of admission.</p> <p>60 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of</p>	PA Moderate	Care plans are documented for all residents by the RN, and evidence	i) Interventions including catheter management are	i) Ensure interventions including

<p>a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>resident and relative input. The electronic care plan templates are holistic and designed to be individualised and strengths based. The care plans reviewed align with the Valuing lives model of care; however not all interventions were documented in the care plans to meet all medical needs. This is an ongoing shortfall.</p>	<p>absent in one hospital level care plan.</p> <p>ii) Interventions to manage challenging behaviour are limited in the details for care staff in one hospital and dementia file.</p> <p>iii) Interventions to increase weight monitoring and support the PSO food first strategy are absent in two hospital level residents.</p>	<p>catheter management are included in care plans as necessary.</p> <p>ii) Ensure interventions to manage challenging behaviour are included in care plans for HCAs to follow.</p> <p>iii) Ensure interventions to support weight loss, and increased monitoring of weight including "food first protocols" are included in care plans.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall</p>	<p>PA Low</p>	<p>Monitoring charts were in place for food monitoring, repositioning, weight, neurological observations in the event</p>	<p>(i) Neurological observations were not completed as per policy for three of the six</p>	<p>(i) Ensure that neurological observations are</p>

<p>demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>of a possible head injury, restraint. Neurological observations were commenced when required and family were informed. Restraint monitoring was in place for the three residents using restraint who were reviewed. Weight monitoring for residents with identified weight loss was in place for residents.</p>	<p>incidents which required monitoring for possible head injuries.</p> <p>(ii) Two of three restraint monitoring charts reviewed evidenced restraint monitoring was not implemented as scheduled or according to policy.</p> <p>(iii) Weight monitoring was not increased following the identification of significant weight loss in two hospital level resident files.</p>	<p>conducted and recorded as per policy and best practice guideline.</p> <p>(ii) Ensure restraint monitoring is completed as planned and in accordance with policy.</p> <p>(iii) Ensure weight monitoring is completed as instructed.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review</p>	<p>PA Low</p>	<p>Care plan evaluations sighted were completed by an RN in partnership with the resident and the family/whānau. There were six resident files reviewed, two of the residents had been admitted to the facility within the last six months and were not yet due for review.</p> <p>Evaluations for one of the four files that were due were completed six monthly. In two of the four files that required evaluations, they reflect progress on identified goals and changes to care requirements. Due to ongoing RN shortages the facility struggled to maintain the required timeframes for completion of care related documentation. The following partial</p>	<p>(i) Routine care plan evaluations were not completed within six months for three of four files (two files were not due for review).</p> <p>(ii) Progress towards meeting goals was not identified in two of four files due for review.</p>	<p>(i) - (ii) Ensure evaluations are completed at least six monthly, and resident progress towards meeting goals is documented.</p> <p>90 days</p>

<p>process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>attainments should be viewed in conjunction with a nationwide nursing shortage.</p>		
<p>Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA  Moderate</p>	<p>There are comprehensive policies documented around medication management that align with current legislation. All residents had medications charted on the electronic medicine management system; however, not all medication processes had been followed according to policy. Electronic medication charts evidenced medications were administered as prescribed.</p> <p>Resident photos are reviewed at the time of care planning and at least annually as per policy; however, not all electronic files evidenced this had occurred. The effectiveness of 'as required' medication is documented on the electronic administration system or the progress notes; however, this has not been consistently documented. Completion of quality stocktakes has not occurred six-monthly.</p>	<p>(i) Four of twelve residents' photos on the electronic files had not been reviewed according to PSO policy of at least annually.</p> <p>(ii) The effectiveness of 'as required' medication was not consistently documented in either the electronic medication system or the progress notes.</p> <p>(iii) Completion of quality stocktakes has not occurred six-monthly.</p>	<p>(i) Ensure all resident photos on the medication chart evidence review as per PSO policy.</p> <p>(ii) Ensure the effectiveness of 'as required' medications are documented.</p> <p>(iii) Ensure completion of quality stocktakes occurs.</p> <p>90 days</p>

## 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.