

Phantom 2021 Limited - Highview Rest Home & Hospital

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:	Phantom 2021 Limited
Premises audited:	Highview Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 June 2023 End date: 30 June 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	38

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

Highview Rest Home provides rest home and hospital (medical and geriatric) level care services for up to 40 residents. On the day of audit there were 38 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the 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, and interviews with families/whānau, management, and staff.

The facility manager has been in the role for just over two years. She has a background with the Public Trust, and is supported by a clinical manager, registered nurses, and healthcare assistants. The clinical manager has been in the role since February 2023 and was away at the time of audit; an experienced registered nurse was acting in the role at the time of audit.

Six of the seven shortfalls identified at the previous provisional audit around: quality systems; resident and family surveys; human resource processes; and laundry services have been addressed. There continues to be an improvement required around installing a sanitiser.

This audit identified further shortfalls around staff training; registered nurse cover; care plan interventions and evaluations; and medication management.

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.

The service provides an environment that supports resident rights and reflects cultural safe care. There is a Māori health plan in place. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan. The service partners with Pacific communities to encourage connectiveness.

Residents are involved in providing input into their care planning in a manner that considers their dignity, privacy, choices, and independence. Staff receive training on Māori health, cultural safety, and awareness at orientation.

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 medium or high risk and/or unattained and of low risk.
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The business plan reflects the holistic living well model of care to service delivery and ensures wellbeing outcomes for Māori and tāngata whaikaha are achieved. The owner, facility manager and acting clinical manager are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.

There is a documented quality programme that takes a risk-based approach.

There is a policy to ensure safe staffing levels. An orientation programme is in place for new staff. Employment processes are followed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

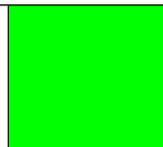
An activities programme is implemented that meets the needs of the residents. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

All food and baking is prepared and cooked on site. Cultural, traditional, and religious food practices are respected.

Transfer, exit, and discharges occur in a coordinated manner.

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

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

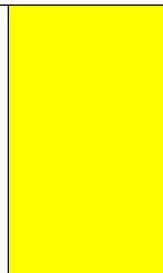


Subsections applicable to this service fully attained.

Highview Rest Home has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated. A fire evacuation plan is in place. Six-monthly fire drills are held.

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

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



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

The pandemic plan has been successfully implemented at times of any outbreaks and there are sufficient supplies of personal protective equipment to manage outbreaks.

Surveillance data is gathered. Infection incidents are collected and analysed for trends and the information is used to identify opportunities for improvements. Benchmarking occurs. There have been Covid-19 outbreaks since the last audit.

Laundry services are contracted out whilst a new laundry is being built.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the acting clinical manager. There are ten restraints used at Highview Home and Hospital. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	19	0	2	2	0	0
Criteria	0	56	0	4	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has a cultural policy that states that the provider aims to improve outcomes for Māori residents through culturally appropriate practice and proactive employment of Māori staff. The service currently has residents and staff who identify as Māori. The service supports increasing Māori capacity by employing more Māori staff members. The facility manager also has whānau links with Ngāi Tahu. Linkages to Māori and reference to Te Tiriti o Waitangi have been implemented since the previous audit.</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> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service has policies and a Pacific health plan developed in partnership with local Pacific communities or groups. The facility manager has established links with a local Pacific community, and this has been embedded since the previous audit. There are currently staff who identify as Pasifika.</p>

<p>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 Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Policy and practice include ensuring that all residents right to self-determination is upheld and they are able to practice their own personal values and beliefs and recognises Māori mana motuhake. The six residents (rest home level, including two younger people with a disability), and two relatives (one hospital and one rest home) interviewed stated the service supports and encourages Māori motuhake.</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>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi and tikanga Māori. The managers (the owner, the facility manager and acting clinical manager) and staff (one registered nurse, a housekeeper, the activities person, three healthcare assistants and a maintenance person) describe ways they support residents to participate in te ao Māori.</p> <p>The facility manager and staff interviewed could describe their understanding of tikanga Māori within the service delivery of the service.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Highview Home and Hospital implement the code of conduct policy which addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The Phantom 2021 organisation is inclusive of all ethnicities, and cultural days are held to celebrate diversity. Previous recommendations around ensuring that a strengths-based and holistic model of care has been included in the Māori health plan to ensure wellbeing outcomes for their Māori residents. Policies include how</p>

		<p>institutional and systemic racism is addressed.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The service follows relevant best practice tikanga guidelines. The registered nurses have a good understanding of the organisational process to ensure informed consent for Māori residents involved the family/whānau for collective decision making.</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>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Complaints forms are available at the entrance to the facility along with a locked box to lodge complaints anonymously. Information is available in both English and te reo. Information about complaints is provided in the entry pack of information presented to prospective residents and families/whānau. Interviews with residents, family/whānau and staff demonstrated their understanding of the complaints process. Residents and family/whānau confirmed that issues are addressed promptly, and that they feel comfortable to bring up any concerns. The complaints process is linked to the quality and risk management meeting minutes.</p> <p>There have been no complaints logged for 2022/23 year to date.</p>

		<p>Residents and relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the welcome information and in the outcome letter that is sent to the complainant. Advocacy services pamphlets are available at reception. The facility manager advised that staff and the owner would be informed of complaints (and any subsequent corrective actions) via staff meetings and quality and risk meetings (meeting minutes sighted).</p> <p>Resident meetings are held monthly and are chaired by the activity's coordinator. There is information available in te reo Māori and the manager was aware of the importance for face-to-face communications for some 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>Highview Home & Hospital provides care for up to 40 rest home and hospital (geriatric and medical) level care residents. There are 21 dedicated rest home beds and 19 dual-purpose beds.</p> <p>At the time of the audit, there were 38 residents (20 rest home, including two residents on a younger person with a disability (YPD) contract; and 18 hospital residents, including one resident on a YPD contract, one resident on a palliative care contract, and one resident on a short-term ACC contract). The remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>Highview Home and Hospital is privately owned by two owners who are experienced aged care providers and own two other aged care facilities in Dunedin and the head office is held in the sister facility in Milton, South Otago (around 45 minutes away). One owner is responsible for the overall oversight of all facilities and the other owner is a facility manager of one of the aged care facilities.</p> <p>Highview Home and Hospital has a documented mission statement, philosophy, combined business, strategic and quality plan for 2023, with annual goals and objectives and a quality and risk management programme. The plan includes a mission statement and a philosophy which focuses on the residents' home, values, independence, dignity and respect, communication, and teamwork. Goals have been documented and include infrastructure improvements, use of technology, staffing, resident programmes, and communication</p>

		<p>strategies. Goals and objectives have been reviewed by the owner and facility manager. The owner meets with the manager monthly to discuss the annual business plan, review towards meeting goals, and the monthly reports. Informal phone calls occur on a more regular basis of at least weekly.</p> <p>There is an organisational chart with a reporting structure. Organisational reporting will include monthly manager meetings. The manager provides quarterly reports to include a range of operational information, including (but not limited to) enquiries, occupancy, quality data, and finances.</p> <p>The facility manager has been in the role for just over two years. She has a background with the Public Trust. She is supported by a clinical manager/RN, registered nurses, and healthcare assistants. The clinical manager has been in the role since February 2023 and was away at the time of audit; an experienced registered nurse was acting in the role at the time of audit.</p> <p>Collaboration with mana whenua in business planning has been implemented to achieve equity and remove barriers for Māori and tāngata whaikaha. Tāngata whaikaha have meaningful representation through resident meetings and surveys. The owner and the manager have both completed Te Tiriti, health equity, and cultural safety training.</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>	FA	<p>Highview Home and Hospital has an established quality and risk management system documented. Quality and risk performance is reported across facility meetings and to the CEO. These systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff attendance at meetings is documented; this is an improvement from the previous audit. The previous shortfall 2.2.1 around meeting minutes has been addressed.</p> <p>Cultural competencies are completed for staff to ensure the service can deliver high quality care for Māori.</p> <p>Resident and family/whānau meetings are held three-monthly. Minutes are maintained. A residents and relative survey have been completed February 2023. The survey has been collated and discussed at resident</p>

		<p>meetings, staff, and the owner meetings; this is an improvement from the previous audit. The previous shortfall (2.2.3) around satisfaction surveys have been addressed.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements. Corrective action plans are developed when service shortfalls are identified, and continuous quality improvements are implemented when areas for improvement are identified. Management advised results and trends are communicated to staff at the monthly staff/quality/risk meetings and reflect actions being implemented and signed off when completed. Key performance indicators are reviewed against previous results and monitored for trends. Benchmarking occurs through the online data collection system. The previous shortfall (2.2.3) has been addressed.</p> <p>Health and safety policies are implemented and monitored through the various meetings. Risk management, hazard control and emergency policies and procedures are in place. All incidents and accidents are documented, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover, as confirmed in meeting minutes. Twelve incident reports were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations have been conducted. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been numerous Section 31 reports for staffing shortfalls and three for Covid-19 outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>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. There is a first aid trained staff member on duty 24/7.</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The facility manager provides on-call cover 24/7 with the clinical manager available for clinical concerns. Good teamwork amongst staff was highlighted during the healthcare assistant interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The service is continuing to advertise for registered nursing staff and permanent care staff.</p> <p>The facility manager and acting clinical manager (RN) are available Monday to Friday, and both are on call when not available on site. The acting clinical manager (RN) works from 0700 – 15.30. Two days she is on the roster as the registered nurse on the morning shift, the other three morning shifts she works in the role of clinical manager. The acting clinical manager is supported by registered nurses rostered across four morning shifts, seven afternoon and night shifts.</p> <p>A review of the most recent two-week roster documented that there were six shifts where there was no RN cover. 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.</p> <p>An education programme is in place for 2023. The education and training schedule lists all mandatory topics. Staff have been provided with cultural training. A review of staff training attendance and education provided was not able to be achieved due to lapses in filing. External training opportunities for care staff include training through Te Whatu Ora- Southern and Otago Hospice.</p> <p>The service is working to establish an environment that encourages the collection of high-quality Māori information,</p> <p>Competencies are documented for: first aid, hoist use, medication administration for HCAs and RNs. There are up to date competencies for RNs around catheterisation and syringe drivers.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 22 healthcare assistants, and activities staff, 12 staff are either currently enrolled and making progress or completing Careerforce training.</p>
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		The two of five registered nurses are interRAI trained.
<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed evidenced recruitment processes, signing of a house rules document, employment contracts, reference checking, staff orientation, staff appraisals and police checking. This is an improvement from the previous audit. The previous shortfalls 2.4.1, 2.4.4 and 2.4.5 have been addressed.</p> <p>There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. Formal collection and retention of staff ethnicity information is completed as part of the employment process. Information held about staff is kept secure, and confidential.</p> <p>A copy of practising certificates is maintained for all health professionals.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a 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 service collects ethnicity information at the time of admission from individual residents; and are able perform analysis of the same information for the purpose of decline rates for Māori.</p> <p>There are established relationships with local kaumātua though the manager, Māori health services and communities to benefit Māori individuals and whānau. There are staff who identify as Māori who are available to provide support to Māori residents and whānau, and the service can access the Māori advisor if 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>	<p>PA Low</p>	<p>Five resident files were reviewed: two rest home and three hospital level care residents. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. The care plans are electronic and are resident focused and individualised. Care plans include allied health and external service provider involvement; however, not all care interventions had been documented.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files reviewed; however, not all long-term care plans had been evaluated in resident files. The registered nurses interviewed describe working in partnership with the resident and family/whānau to develop the initial care plan and long-term care plan.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. There is a general practitioner (GP) who visit weekly from the local medical centre. The GP was not available for interview. The facility manager and when required the clinical manager, provide on-call afterhours for phone support and advice when needed. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through Te Whatu Ora- Southern.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p> <p>Cultural assessment details are woven through all sections of the care plan. There is evidence of resident and family/whānau involvement in the interRAI assessments (when it occurred) and review of long-term care plans. Behavioural assessments have been utilised where needed.</p>
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		<p>Care plans reflect the required health monitoring interventions for individual residents. Neurological observations have been routinely completed for unwitnessed falls.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>Wound assessments and wound management plans were reviewed for residents with wounds (one stage II pressure injury, and two skin tears). A wound register is maintained.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Policies and procedures are in place for tāngata whaikaha to give choice and control over their support. Systems and processes to support Māori to identify their own pae ora outcomes are in place.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are</p>	<p>FA</p>	<p>Highview Rest Home employs an activities coordinator over five days a week. The activity coordinator links to the local diversional therapy group. A weekly programme is developed in consultation with residents and reflects their interests and abilities. The programme includes twice-weekly van outings where they go on drives to places of interest, as requested by residents. The programme is varied and provides group and individual activities to meet the hospital, rest home and younger resident's recreational preferences and interests. One-on-one contact is made with residents who are unable to or choose not to participate in group activities. Younger residents are encouraged and supported to</p>

<p>satisfying to them.</p>		<p>engage in 1:1 and individual activities in the community.</p> <p>Residents have an activities assessment completed over the first few weeks after admission, which forms the basis of a diversional therapy plan. However, these are not always reviewed on a six-monthly basis (link 3.2.5). The resident/family/whānau/EPOA as appropriate, is involved in the development of the activity plan. Progress notes are maintained on a monthly basis. A record is kept of individual resident's activities.</p> <p>Feedback on the activities programme is provided at resident meetings and by verbal feedback. The residents interviewed were satisfied with the activities provided. The service facilitates opportunities for Māori to participate in te ao Māori.</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 medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. The service uses a fortnightly robotic roll system. All medication is checked on delivery against the electronic medication chart and any pharmacy errors are recorded and fed back to the supplying pharmacy. Temperatures of the medication fridge, staffroom fridge and rooms where medications are stored, are maintained within the acceptable ranges.</p> <p>Registered nurses and healthcare assistants with medication competencies administer medications. Medication competencies have been completed annually and medication education is provided. Competencies include insulin, warfarin, and syringe drivers. Appropriate practice was demonstrated on the witnessed medication rounds.</p> <p>There were no residents self-administering medications on the day of audit; however, policies and procedures are in place should a resident choose to administer their medications. Standing orders were not in use. Over the counter medications are prescribed on the electronic medication system.</p> <p>Medications are stored in locked medication trolleys which chain to the wall when not in use. However, the medication keys are not kept securely and eyedrops have not all been dated on opening. Ten</p>

		<p>electronic medication charts reviewed met legislative requirements for prescribing. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication was not always documented in the medication system or progress notes.</p> <p>The service works in partnerships with Māori residents currently residing at Highview. The RNs describe providing support and information around medications and side effects of medications to all residents and relatives. This was sighted in progress notes.</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>	FA	<p>Kitchen staff are trained in safe food handling. The cook interviewed stated they can implement menu options culturally specific to te ao Māori. Kitchen staff attended cultural training with the rest of the staff. Kitchen staff and HCAs interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The previous shortfall (3.5.3) around not having sufficient space in the upstairs dining room has been closed out as there are only rest home level residents residing upstairs.</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. For transfer, RNs utilise yellow envelope Te Whatu Ora transfer documentation system. Registered nurses interviewed describe access to support through either GP or specialist and allied health professionals (evidenced in referrals).</p>
Subsection 4.1: The facility	FA	The building holds a current warrant of fitness. There is a maintenance

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>request book for repair and maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required.</p> <p>The previous shortfall (4.1.5) around the lack of space in rooms 202-207 and 209-211 on level one and rooms 109, 111, 112 on the ground floor has been closed out as there are only rest home level residents residing in these rooms.</p> <p>The service has no plans to expand or alter the care areas; the service is in the process of rebuilding a laundry. The facility manager who affiliates to Ngāi Tahu, has had input to the new build.</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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (sighted); the previous shortfall (4.2.1) has been addressed. A fire evacuation drill is repeated six-monthly, in accordance with the facility's building warrant of fitness requirements. There is a current resident list with assistance requirements documented to ensure for a smooth evacuation when required.</p> <p>Security policies and procedures are documented and implemented by staff. There are cameras installed throughout the facility. There is security lighting at night and access to the building is by call bell and intercom.</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>	FA	<p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and is working towards sourcing educational resources in te reo Māori. The service is working towards incorporating te reo Māori information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti.</p> <p>There is a documented pandemic plan and Covid-19 plan which</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>includes preparation and planning for the management of lockdown, screening, and transfers into the facility.</p> <p>The infection control coordinator has completed external education. There is good external support from the GP, laboratory, and the infection control nurse specialist at Te Whatu Ora- Southern.</p> <p>There are readily available isolation kits and there is a large supply of personal protective equipment (PPE) stocks available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility. Staff report they have attended training around outbreak management and use of PPE as part of the Covid-19 responses during the year; however, records of this could not be located (link 2.3.4).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual electronic resident records. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends. Action plans are completed for any infection rates of concern. Infection control surveillance is discussed at the quarterly quality meeting and family/whānau are informed of infections and this is recorded in the progress notes.</p> <p>There had been three Covid-19 exposure events in June 2022/23. Infections including outbreaks are reported, documented, and reviewed so improvements can be made to reduce HAI. Feedback after each event confirms the service managed outbreaks well.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p>	<p>PA Low</p>	<p>The previous audit noted that the service had no sanitiser and that there were no specific handwashing basins in the laundry. Since the previous audit, the service has knocked down the old laundry area and is in the process of rebuilding the laundry room. The sanitiser is yet to be installed and this continues to be an area requiring improvement. All</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>laundry is currently sent out to an external laundry. There are processes in place to manage this. The previous audit shortfall # 5.5.4 has been addressed.</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 approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The acting clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation’s commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the owner includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, ten residents were using a restraint (bed rails) at night only. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Review of restraint use is completed and discussed at all staff meetings. Staff interviewed report training for all staff occurs at orientation and annually; however, annual training records could not be located (link 2.3.4).</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 2.3.1</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>	PA Moderate	There is a roster documented that evidences the planned staffing meets contractual obligations and takes into account the layout of the service. Not all shifts were able to be filled. 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.	A review of the previous two-week roster evidenced that six RN shifts had not been filled by an RN and a senior healthcare assistant had been rostered. The service has ensured safety with a risk mitigation plan and on call.	<p>Ensure there is an RN on duty each shift to meet the requirements of the ARC contract D17.4 a-i.</p> <p>60 days</p>
<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-</p>	PA Low	The service has a documented education plan that includes all mandatory training; however, evidence of sessions held, and attendance was not able to be located.	It was not possible to evidence all training had taken place. The service was not able to retrieve training records at the time of audit.	<p>Ensure that all training and all attendance is retrievable.</p> <p>60 days</p>

quality safe services.				
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan</p>	PA Low	<p>Care plans are documented by the registered nurses in partnership with residents and family/whānau. Resident care plans are individualised and holistic. Five resident files reviewed all included a care plan. Overall, care plans were reflective of the interRAI assessments; however, not all known clinical risks were documented with a mitigation plan.</p>	<p>i). The risks and mitigation for smoking and the management of seizures was not documented in one hospital level care plan.</p> <p>ii). The recognition and treatment of hypo/ hyper glycaemia was not documented in one hospital level care plan.</p> <p>iii). One hospital level resident with a colostomy did not have the care needs associated with a colostomy documented.</p>	<p>i). – iii). Ensure that all care needs are documented in the residents' care plan.</p> <p>60 days</p>

identifies wider service integration as required.				
<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 process, and ensure changes are implemented;</p> <p>(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>	PA Low	<p>Care plan review evaluations are scheduled to occur six-monthly. Care plans had been updated when a change to care needs was noted; formal evaluation of long-term care plans had not been undertaken.</p> <p>Each resident file reviewed included an activities assessment and activity plan. The updating and evaluation of the activities plans was not always timely.</p>	<p>i). Of the four long-term care plans reviewed; all four did not document a formal evaluation process where progress towards stated goals had been evaluated.</p> <p>ii). Each resident file reviewed included an activities assessment and activity plan. The updating and evaluation of the activities plans was not always timely.</p>	<p>i). Ensure that a formal evaluation of care and support is documented six-monthly.</p> <p>ii). Ensure the activity plan have a formal evaluation and are updated to reflect resident needs.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system</p>	PA Moderate	There are medication policies documented which align with current medication legislation. Staff administering medications	i). Prescription charts reviewed included the use of 'as needed' medication. For three of the	i). Ensure the effectiveness of 'as needed' medication

<p>shall be implemented appropriate to the scope of the service.</p>		<p>were all assessed as competent and were observed to be administering medications as per policy on the day of the audit. Medication trolleys were locked. Medications were prescribed and administered appropriately.</p> <p>All ten medication charts reviewed documented appropriate prescribing process; however, the use of 'as required' medication did not always document an outcome. Medication storage was not always according to policy and the medication keys were not always kept with a responsible senior healthcare assistant or RN.</p>	<p>charts reviewed, the effectiveness of 'as needed' medication was not documented.</p> <p>ii). The rest home level medication keys were stored in a drawer next to the medication trolley on the day of audit.</p> <p>iii). In the hospital wing medication trolley, eight containers of eye drops had not been dated on opening.</p>	<p>is recorded.</p> <p>ii). Ensure medication keys are stored according to policies and procedure.</p> <p>iii). Ensure that eye drops are dated on opening.</p> <p>30 days</p>
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>There is a sluice behind a cupboard on level one and there is a sluice on the ground floor. It was noted that a number of commodes are used in resident rooms at night. Neither sluice rooms have a sanitiser which has been recommended with the proposed increased use of commodes and hospital residents. The ARRC preparedness review completed by the Te Whatu Ora Southern infection control specialist also identified a partial rating around not having a sanitiser. Staff interviewed indicated a clear understanding of processes and protocols. The owner advised that a new sanitiser has been purchased and is to be installed in the new laundry on completion.</p>	<p>The new sanitiser is yet to be installed</p>	<p>Ensure the sanitiser is installed and staff trained in its use.</p> <p>60 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.