

RH Healthcare Limited - Royal Heights Rest Home

Introduction

This report records the results of a Provisional 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:	RH Healthcare Limited
Premises audited:	Royal Heights Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 September 2023 End date: 8 September 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:	46

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Royal Heights Rest Home is a privately owned facility certified to provide rest home level of care for up to 47 residents. There were 46 residents on the day of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand - Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

There are four directors of the company. The general manager is appropriately qualified and experienced, and is supported by a nurse manager (registered nurse), quality assurance manager, and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.

The prospective buyer, NCW Healthcare Limited, has directors with extensive experience in the aged care industry, including one director running a nearby rest home for the last six years. NCW Healthcare has a documented plan to transition to their quality assurance programme, systems, and processes.

This audit identified the service meets the intent of the Standard.

Ō tatou motika | Our rights

Royal Heights Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. Caregivers are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all caregivers.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

The registered nurses are responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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.

Residents' food preferences, dietary and cultural 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

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. Equipment has been calibrated. There is an approved evacuation scheme and emergency supplies for at least three days. There is an approved fire and emergency plan.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Royal Heights Rest Home. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There have been no outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

Here taratahi | Restraint and seclusion

Restraint minimisation and safe practice policies and procedures are in place. The service prefers a restraint-free environment. On the day of audit, the service had no residents using restraint.

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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Royal Heights Rest Home acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Royal Heights Rest Home are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and community links.</p> <p>The service had no residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic, with staff completing a written competency to reinforce their understanding. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation</p>

		<p>are enacted in the work with residents.</p> <p>The service supports increasing Māori capacity by employing more Māori applicants when they apply. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with eight residents and three family members. Management and nine staff interviewed (three caregivers, one activities coordinator, two cooks, one cleaner, one maintenance, one registered nurse) described how the delivery of care is based on each resident's values and beliefs.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori. The prospective buyer has established contacts with a cultural advisor who has input into the governance Board.</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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well-known and respected in the industry, who had input from their Pacific community contacts.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. The management team confirmed that family members of any Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The management team described how they encourage and support any applicants that</p>

		<p>identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the management team, and staff confirmed the service puts people using the services and the local community at the heart of their services.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The nurse manager discusses aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p> <p>The prospective owners know and understand the Code and that this must be adhered to, evidenced through interview.</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>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family members to be involved in their care. Residents have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results (November 2022) confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. This was observed to be the case during the audit with two residents who are in an intimate relationship. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Seven residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</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</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Royal Heights Rest Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All</p>

<p>safe and protected from abuse.</p>		<p>residents and family interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the registered nurses, and caregivers confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with the management team if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for any potential Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or understand English. Staff interviewed described how they would use non-verbal communication, an electronic translation app, and utilising family members as interpreters to communicate with residents should the need arise.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do</p>

		<p>so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>There is a multidisciplinary team approach to care at Royal Heights Rest Home. Health professionals involved with the residents may include specialist services. The management team and registered nurse described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. The seven resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they are able to provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</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>FA</p>	<p>The complaints procedure is provided to residents and families/whānau on entry to the service and is available in te reo Māori. The quality assurance manager is responsible for maintaining the complaints register. There have been no internal or external complaints received since the previous audit.</p> <p>Discussions with residents and family/whānau confirmed they are</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>provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management team and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Complaint forms and advocacy brochures are held at the entrance to the facility. Residents/family making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori and maintain an open-door policy.</p> <p>The prospective buyer is aware of the complaints process and timeline for responding to complaints.</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>Royal Heights Rest Home, located in Massey, Auckland, provides rest home level of care, for up to 47 residents. On the day of the audit, there were 46 residents. There were two residents on respite, awaiting assessment for long-term care, and the remaining 44 residents were under the age-related residential care contract (ARRC).</p> <p>Royal Heights Rest Home is the trading name of Royal Heights Care Limited - a privately owned company with four directors. The general manager is supported by a nurse manager, quality assurance manager and an experienced care team. The nurse manager, external consultant, and two of the directors (retired nurse and GP) provides clinical governance. There is a current business plan which is documented, and regularly reviewed. A mission, philosophy and objectives are documented for the service. The quality assurance (QA) manager analyses internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. This includes Board input from a Māori cultural</p>

	<p>advisor. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The directors have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through completing the same training as the facility staff members.</p> <p>The general manager has been in the role for 27 years, the nurse manager for 26 years, and the quality assurance manager has been at the facility for 20 years. All the management team regularly attend aged care conferences and their staff files evidence that they attend over eight hours of professional development per year relating to their role and responsibilities.</p> <p>The prospective buyers are NCW Healthcare Limited who are an experienced aged care provider. One director currently owns and operates a nearby rest home, and the other director has an extensive background in health and aged care banking. There is a documented transition plan with timeframes to implement their own policies and procedures. NCW Healthcare will continue to use HCSL policies, which align with the Ngā Paerewa Health and Disability Services Standard 2021.</p> <p>Both directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, 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.</p> <p>The prospective buyer has entered into a conditional sale and purchase agreement for the purchase of the Royal Heights Rest Home. At the time of the audit, the proposed settlement date is 10 November 2023. The local Te Whatu Ora Health Waitematā portfolio manager has been informed. The prospective buyers have arranged an induction and short-term ongoing support from the current general manager, which includes Te Tiriti, health equity, and cultural safety as core competencies through completing the same training as the facility staff members.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Royal Heights Rest Home has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings, management meetings, and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the management team and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, and residential disability levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held monthly. Both residents and families/whānau have provided feedback via annual satisfaction surveys. The latest (2022) resident surveys indicate that residents are very satisfied with the services received. A corrective action was raised in relation to evening meal provision. Results were discussed in the resident and staff meetings, and changes were made to meals following a vote on the subject by the residents.</p> <p>Health and safety policies are implemented and monitored. Staff are kept well informed, evidenced in staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or</p>

		<p>untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The management team are aware of situations that require essential notifications. There have been no occasions requiring Section 31 reports to be submitted since the previous audit in May 2023.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>The prospective provider will continue with the established and implemented quality and risk management programmes at Royal Heights Rest Home. It is anticipated this will have minimal impact on staff and residents as all systems and policies currently in use will remain in place.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The nurse manager (registered nurse) is available Monday to Friday and is on call 24/7. The general manager and quality assurance manager nurse take over managerial duties in the absence of the nurse manager, with the clinical on call component being covered by registered nurses. There is adequate registered nurse, and caregiver cover, including weekends.</p> <p>There is an annual education and training schedule being implemented. The 2022 training schedule was met, and the 2023 is being implemented. Examples of topics covered included (but are not limited to): consumer rights; elder abuse and neglect; dental hygiene; infection prevention and control; first aid and CPR; pain management; and challenging behaviours. There is a staff member trained in first aid 24/7. Competencies cover: first aid; cultural</p>

		<p>awareness; handwashing; manual handling; medication management; restraint; chemical safety; and fire safety, with a fire drill held six-monthly.</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and staff meeting schedule. Staff participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Ten caregivers have completed their level three qualification or above.</p> <p>The nurse manager, and two registered nurses have completed interRAI training. They participate in learning opportunities provided through Waitakere Hospital and local hospice. Wellbeing support is provided to staff through the availability of debriefs, karakia, individual spiritual, cultural, and emotional support when required.</p> <p>The prospective purchaser interviewed (director) stated there are no immediate plans to do any staff changes. They plan to provide all staff with education and training, continuing with the education and training plan currently being implemented.</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. Seven staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice</p>

		<p>and includes buddying when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for caregivers supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p> <p>The prospective owners have no immediate plans to change the recruitment process.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained securely, both electronically, and in hard copy.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse including designation. Residents archived paper files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p> <p>The prospective buyer plans to maintain current methods of collection, storage, and use of health information, with continued use of the electronic resident management system (HCSL).</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>	<p>FA</p>	<p>There is an information package available for prospective clients. The nurse manager follows the admission policy/decline to entry policy and procedure guide for admission and declining processes, including required documentation. The nurse manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were several staff members identifying as Māori. The service currently engages with the local iwi and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven rest home level care resident files were reviewed (including one respite). The registered nurses (RN) 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 service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a medical service and a regular GP provides weekly visits. The GP</p>

		<p>service also provides out of hours cover. The GP records their medical notes in the integrated resident file. The GP interviewed was complimentary of the care provided at Royal Heights. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers to a physiotherapist as required and a podiatrist visits six-weekly. Other specialist services are available by referral. A dietitian and the wound care specialist nurse are available as required through Te Whatu Ora-Waitemata.</p> <p>Caregivers interviewed could describe a verbal and electronic handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by caregivers. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the RN reviews the resident, or there is a review initiated with the GP. Family are notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. Wound dressings were being changed appropriately and an electronic wound register is maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies, continence products and pressure injury prevention resources.</p> <p>RN's and caregivers complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury.</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>FA</p>	<p>There is an activities coordinator who works 30 hours a week. There is a monthly activities planner and a weekly one. They are displayed on a whiteboard in the lounge area. There is a range of activities for</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>residents. On the days of audit, the residents were observed taking part in exercises, playing word games, bowling, and enjoying a high tea. There are weekly van outings. Happy Hour is every Friday and there is always an entertainer at this. Those residents who prefer to stay in their rooms have one on one visits for a chat or to replenish their crosswords or books.</p> <p>There is a rest home cat. Pet therapy occurs at least monthly. Church services are every Wednesday. The facility has Netflix and You-Tube apps available for residents to use. Events such as Anzac Day, Kings birthday, Easter and Matariki are celebrated. Some residents like to go out for walks or to local shops and cafes.</p> <p>Residents and families/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p> <p>During Matariki, the residents made poi and the Māori staff demonstrated how to use them. During Māori language week, the staff used te reo Māori to greet residents and they also sang waiata. The service has contact with the local iwi and kaumātua to assist them to meet the needs of any Māori residents if required.</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>FA</p>	<p>There are policies documented around safe medicine management that meet legislative requirements. The RN's and medication competent caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The RN and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within</p>

		<p>acceptable ranges. All eyedrops in use have been dated on opening. All over the counter vitamins or alternative therapies residents choose are prescribed and reviewed by the GP. There are no standing orders.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There were two residents self-administering their inhalers. Competencies were documented as per policy.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The nurse manager described working in partnership with all residents and family/whānau (including Māori) 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>There are two cooks who oversee food services. There is a fully functional kitchen, and all food is cooked on site. The cooks are supported by a kitchen hand on each shift. Staff have been trained in food safety and chemical safety. The four-week winter/summer menu is reviewed by a registered dietitian. 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 service caters for pureed/soft meals provided as required. All food is served directly to the dining room from the kitchen. Residents may choose to have their meals in their rooms but are encouraged to come to the dining room for socialisation. Food going to rooms on trays is covered to keep the food warm.</p> <p>The food control plan was verified until 12 April 2024. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), dishwasher rinse and wash temperatures. These are all recorded electronically on</p>

		<p>'Chomp.' All perishable foods and dry goods were date labelled. Cleaning schedules are maintained (all recorded electronically on 'Chomp'). Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Residents provide verbal feedback on the meals through resident meetings which are attended by a cook when required and satisfaction surveys.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. Menu options would be provided as requested for residents who identify as Māori. The facility often has cultural days, and the residents enjoy trying different menus. On the day of audit, the residents were enjoying a high tea. Residents and families/whānau interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian can then inform the care staff and kitchen of any extra requirements.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There are documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan which includes current needs and risk mitigation. These policies and procedures will not change under new management. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There is open communication evidenced in the progress notes of family/whānau being kept up to date with the referral process, and reason for transition, as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	FA	<p>The facility is built over two levels. There is a resident lift between floors which can accommodate chair stretchers. There is one double room which is currently occupied by one resident. There are privacy</p>

<p>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>screens available. All other rooms are single. All rooms have toilets and handbasins. There are adequate numbers of accessible bathrooms and toilets throughout the facility. Appropriately secured and approved handrails are provided in all areas to promote residents' independence. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. All rooms have natural light. There is a spacious lounge and dining room as well as small lounges throughout the facility. There is a large courtyard and garden off the main lounge and there is access off this into the park next door. There is shade available.</p> <p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 28 October 2023. One of the management team covers maintenance and gardens and it is expected that this will continue under the new management. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are completed in a book at reception and checked off once completed by the maintenance person.</p> <p>There is an electronic preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius. There are heat pumps in communal areas and electric thermostatically controlled heaters in residents' rooms. Residents can control their own room temperatures.</p> <p>Although there are no current plans to expand the building, the organisation and new management are aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices.</p>
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<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>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management is included in staff orientation and ongoing as part of the education plan.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service has adequate resources including food and water to last for at least two weeks. All supplies are checked monthly.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>There is always a staff member on duty who holds a current first aid certificate.</p> <p>The building is secure after hours and staff complete security checks at night. There is security lighting.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>A registered nurse oversees infection control and prevention across the service. There is a job description which outlines the responsibility of the role of infection prevention and control. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for the Royal Heights Rest Home. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The infection control coordinator is able</p>

		<p>to access advice from Te Whatu Ora- Waitematā infection prevention and control specialist and the GP.</p> <p>The Royal Heights Rest Home has a process in place to mitigate their risk around outbreaks, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations. All staff and most residents are vaccinated for Covid-19.</p> <p>The prospective purchaser has no immediate plans to change the established infection control programme.</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>The infection prevention control coordinator (RN) has undertaken education in infection prevention and control through an external provider. The pandemic plan includes the Covid-19 response plan is available for the preparation, planning for, and management of Covid-19 infections, screening, and positive tests when these have occurred. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the external consultant, infection control coordinator, and the nurse manager, and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eyewear, blood pressure equipment, and hoist are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control coordinator, in collaboration with the nurse manager has input into the purchasing of supplies and equipment and has access to the clinical nurse specialist from Te Whatu Ora- Waitematā for advice if</p>

		<p>required.</p> <p>The service provides te reo Māori information around infection control. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Royal Heights Rest Home is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p> <p>There are no plans to change the current environment, however, the prospective purchaser will consult with the infection control coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</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-</p>	FA	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data</p>

<p>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>is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The Royal Heights Rest Home receives regular notifications and alerts from Te Whatu Ora Health- Waitematā for any community concerns.</p> <p>There have been no outbreaks since the previous audit.</p> <p>There are no planned changes to the surveillance programme.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Royal Heights Rest Home has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There is a sluice room with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>Laundry and cleaning duties are undertaken by caregivers, shared across all shifts. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.</p> <p>The cleaning trolley was always attended and locked away when not in use. All chemicals on the cleaning trolley were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system by the RN manager (infection control coordinator) and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machine and dryer are checked and serviced regularly. The caregivers interviewed demonstrated their understanding of the systems and</p>

		<p>processes.</p> <p>The prospective purchaser has no immediate plans to change the current laundry or cleaning provision.</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>Management and staff are committed to providing services to residents without the use of restraint. The new management do not propose any changes.</p> <p>The designated restraint coordinator is the nurse manager. The coordinator ensures staff have annual training around least restrictive practices, safe use of restraint, alternative culturally specific interventions, and de-escalation techniques. Restraint is part of the orientation package. Staff complete annual restraint competencies.</p> <p>There are no residents listed on the electronic restraint register as using a restraint. The use of restraint would be reported in the monthly facility quality/staff meetings and to management via the nurse manager.</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.

No data to display

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.