

Nazareth Care Charitable Trust Board - Nazareth House

Introduction

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

The audit has been conducted by 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:	Nazareth Care Charitable Trust Board	
Premises audited:	Nazareth House	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 4 September 2023	End date: 5 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:	78	

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

General overview of the audit

Nazareth House is a modern spacious purpose-built facility in Christchurch. The service is certified to provide rest home and hospital (medical and geriatric) level care for up to 80 residents. On the days of audit there were 78 residents.

Nazareth House is operated by the Sisters of Nazareth as part of its New Zealand and Australian Operations. The Christchurch site is the only service based in New Zealand; however, is well supported with resourcing from its Head Office. The executive team is based in Australia and have operated in the aged care environment in New Zealand for more than 30 years. There have been recent changes to the management structure of Nazareth House Christchurch. There is a new Facility Manager role with increased support provided by the General Manager Operations, the General Manager of Quality and Risk, and The People & Culture Manager Risk. Further to this, there has been increased reception and administration hours to free up the Facility Managers time and provide the Facility manager with an increased clinical focus. The Facility Manager is a registered nurse and is new to the role having previously worked as the Facilities Senior Clinical Nurse Manager over the past 5 years. The Facility Manager is supported by the executive management team based in Australia, and the Sister Superior who lives at Nazareth House Christchurch, two Nurse Unit Managers, Wellbeing Manager, the recently appointed full-time Quality Risk and Education Coordinator, and an experienced administration team.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora – Waitaha Christchurch. The audit process included a review of policies and procedures, the review of residents and

staff files, observations, and interviews with residents, family/whānau, staff, management, and a general practitioner. Residents and relatives interviewed were complimentary of the service and care.

This audit has identified shortfalls in recording of complaints.

There has been a continuous improvement identified in the clinical outcomes achieved.

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.		Some subsections applicable to this service partially attained and of low risk.
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Nazareth House provides an environment that supports resident rights and cultural safe care. 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 Board and management team have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Residents are involved in providing input into their care planning, their activities, and their dietary needs and services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicate with them about their choices. Staff receive comprehensive training on Māori health and awareness at orientation. A Māori health plan is in place.

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.

Subsections applicable to this service fully attained.

Nazareth Care Australasia is the organisation's governing body responsible for the service provided at this facility. Nine trustees make up the Board which includes laypersons and a New Zealand Trust to provide an enhanced focus on Nazareth House Christchurch. The facility manager reports to the Australian-based general manager of operations. Systems are in place for monitoring the services provided, including regular monthly reporting to the general manager, who in turn, reports to the chief executive and governing body.

Strategic and business plans are documented and supported by quality and risk management processes. The business and strategic plan outlines current objectives. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

There are human resources policies including recruitment, selection, orientation, and staff training and development. There is a staffing and rostering policy which aligns with contractual requirements and includes skill mix. Human resources are managed in accordance with good employment practice. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

The diversional therapist implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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.

All rooms are single occupancy, have ensuite and are personalised. Communal areas are accessible by residents with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring are appropriate.

Staff have planned and implemented strategies for emergency management including Covid-19. Systems and supplies are in place for essential, emergency and security services. There is a current building warrant of fitness.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The quality risk and education coordinator is the infection control coordinator. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources, including Te Whatu Ora- Waitaha Christchurch. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions. There has been one outbreak of Covid-19 which was well managed.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility is restraint free, and it would be considered as a last resort only after all other options were explored.

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	26	0	1	0	0	0
Criteria	1	166	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service does not currently have any residents who identify as Māori at the facility. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Staff receive training on Māori health and awareness and complete a questionnaire during orientation. Four healthcare assistants interviewed described practices which support the health and wellbeing of Māori residents and their whānau. The quality and education coordinator has introduced education on the use of Te Ara Whakapiri for end-of-life care.</p> <p>The Board and senior management team is committed to supporting the Māori health strategies by reviewing policies and procedures to identify and analyse variances in Māori health (i.e. infection control and adverse events). The facility manager reported support regarding Māori cultural requirements can be sought through staff, the Māori health plan and staff who identify as Māori. The service supports increasing Māori capacity by employing more Māori staff members.</p>

		<p>There are staff employed who identify as Māori.</p> <p>Healthcare assistants (HCAs) interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</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>	FA	<p>Nazareth House recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in several different languages, including the languages of the Pacific Islands.</p> <p>On the day of audit there were Pacific residents living at Nazareth House. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered in the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The facility manager and sister superior described how they encourage and support staff that identify as Pasifika beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff (including four HCAs, four RNs, two nurse unit managers, wellbeing manager, housekeeper, quality risk and education coordinator), five residents (three rest home residents, two hospital residents), and three relatives (three hospital) identified that the service puts people using the services, family/whānau, at the heart of their services. The service can consult with Pacific Island staff who identify as Pasifika to access community links and continue to provide equitable employment opportunities for the Pacific community.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The nurse unit managers discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the quarterly resident/whānau 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.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Nazareth House was founded. Mass is celebrated at Nazareth House and residents are supported to attend. For residents who are not Catholic, there is an Anglican service, and they are able to have spiritual support, attend their own church or have them visit.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme 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 in their Māori health plan and through interviews with management and staff.</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</p>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p>

<p>in a way that is inclusive and respects their identity and their experiences.</p>	<p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirmed that residents and families/whānau are treated with respect. The 2023 survey is yet to be completed. Resident satisfaction was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori throughout the facility and staff who are able to speak/understand te reo Māori, are encouraged. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>Staff receive training in Māori health awareness during orientation. A Māori competency includes Te Tiriti o Waitangi concepts and has been completed with all staff in 2023.</p> <p>There were no residents living at Nazareth House who identified as Māori on the day of audit. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi,</p>
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		<p>tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. External support for staff is available through a contracted service.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses.</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</p>	FA	<p>Information is provided to residents/family on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p>

<p>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>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. Accident/incident (electronic) forms have a section to indicate if next of kin have been informed (or not). Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on the accident/incident forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents were able to speak and understand English. However, the service had well documented communication strategies that are able to be implemented by staff when and if required.</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 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>The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services. The management team could describe 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,</p>	FA	<p>There are policies around informed consent. Nine resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant</p>

<p>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>best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Low</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. A secure complaints box is located adjacent to reception. Residents and relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>There have been seven complaints since the last audit. All complaints have been responded to and resolved to the satisfaction of the person raising the concerns; however, a complaints register is not maintained. While a complaint register has not been in place, the complaints reviewed were all acknowledged, investigated, and resolved within the timeframes set out by the Health and Disability Commissioner. The organisation has tracked and trended all complaints and discussed these at organisational governance and management meetings and holds a central register of complaints data at head office.</p> <p>Information is provided to residents and family/whānau on admission. Resident meetings are held quarterly and identify feedback from residents and consequent follow up by the service.</p> <p>The management team understand that residents and their whānau who are Māori prefer face to face contact when discussing any issues of concern or 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>	FA	<p>Nazareth Care Australasia is the governing body of Nazareth Community of Care through the Nazareth Care Charitable Trust. Sisters of Nazareth established the Christchurch facility in 1905. The facility is a two-level modern and spacious facility, including 80 dual purpose (hospital and rest home) rooms. On the day of audit there were 78 residents: 41 rest home residents and 37 hospital residents, including one respite resident, one end of life resident, and one on an accident compensation contract. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>Strategic and business planning is undertaken by the Board for the wider organisation. Plans sighted outlined the scope, direction and goals of the organisation which incorporates the values of the Sisters of Nazareth (love, compassion, patience, justice, respect, and hospitality). The service is now using an electronic quality system which includes New Zealand documentation to reflect the requirements of the Ngā Paerewa Health and Disability Services Standard 2021. Strategic and business plans are documented and supported by quality and risk management processes. The business and strategic plan outlines current objectives. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.</p> <p>The New Zealand Trust represents Nazareth Christchurch on the Australian governance body and is committed to supporting the Māori health strategies, including analysing variances in Māori health outcomes (i.e. infection control and adverse events). The Board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori. The sister superior of Nazareth House is on the New Zealand Trust Board which is part of the governance Board.</p> <p>Interviews with a Board representative – sister superior, facility manager, the general managers of quality/risk and operations based in Australia, quality, education and risk coordinator and staff confirmed both their understanding and involvement in quality and risk management practices. The organisational clinical governance group</p>

		<p>reports to the Board around a range of key performance indicators, including (but not limited to) ethnicity, infection rates, wounds, and restraint.</p> <p>The facility manager role is supported by the general manager of operations, two-unit nurse managers, wellbeing manager, and an enhanced quality risk and education coordinator role. The sister superior provides support and leadership to the sisters who live at Nazareth House and the facility manager and management team. The sister superior participates in sharing the mission and values. One way this is done, is by completing a monthly display of one of the values and this is written in te reo Māori.</p> <p>The business planning, quality and risk management includes the clinical Meihana Model and Te Whare Tapu Whā to improve Māori health through clinical assessment and organisational policy and procedures. There is support provided to management by local iwi, Te Whatu Ora-Waitaha Canterbury and staff who identify as Māori to ensure that tāngata whaikaha have meaningful representation in order to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Currently residents with a disability provide feedback through surveys and resident meetings. The facility manager, sister superior (who is Trust/Board member), nurse unit managers, quality risk and education coordinator have attended cultural training to ensure that they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety and ensuring equitable service delivery.</p> <p>The facility manager has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	FA	<p>Nazareth Care Australasia is the organisation's governing body responsible for the service provided at this facility. Nine trustees make up the Board which includes laypersons and a New Zealand Trust to provide an enhanced focus on Nazareth House Christchurch. The Board meets monthly at one of the five facilities every other month and on the alternate month they have a zoom meeting. There is a robust</p>

<p>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>orientation for new Board members and terms of reference for the operations of the Board and associated meetings. The facility manager reports to the Australian-based general manager of operations. Systems are in place for monitoring the services provided, including regular monthly reporting to the general manager, who in turn, reports to the chief executive and governing body.</p> <p>Nazareth House has a robust quality and risk management programme. Annual 2023 quality improvement goals are documented and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators.</p> <p>A new suite of New Zealand policies and procedures that meet the requirements of the Nga Paerewa Services Standard 2021 and the contracts held have been implemented at Nazareth House and are available for all staff. New policies are discussed with staff. There is a cultural competency in place to ensure the service can deliver high quality care for Māori.</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 comprehensive range of adverse event data (eg, skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated, analysed, and benchmarked against industry standards by an external provider. Comprehensive reports are provided by the external provider quarterly. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the facility manager. The service has exceeded the standards in improving resident satisfaction return rates, decreased reliance on agency staffing, and measuring and monitoring the clinical indicators around resident, decreases in falls, restraint, and Section 31s for pressure injuries.</p> <p>Regular family and resident meetings are held with evidence of both residents and families/whānau providing feedback via annual satisfaction surveys. The 2023 survey is in a new format and has yet to be analysed and shared with residents. There has been a 22% increase in the response rate to the resident engagement survey and</p>
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		<p>indicate resident satisfaction. A May 2023 menu survey with residents indicated overall satisfaction with menu. Results of surveys are shared in meetings and newsletters.</p> <p>Monthly combined quality, health and safety, and infection control meetings document comprehensive review and discussion around all areas, including hazards; service improvement plans; emergency processes; complaints; incidents and accident; internal audits; and infections. A risk management plan is in place. Monthly clinical meetings and bimonthly meetings with caregivers and household staff ensure good communication. Interviews were conducted with a health and safety representative. Staff health and safety training begins during their induction to the service. Health and safety are a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. A plan is implemented to orientate contractors to the facility's health and safety programme. Fifteen incident forms were reviewed, and all had appropriate notifications to families/whānau. Incident/ accident data is collated and is included in benchmarking.</p> <p>The facility manager is aware of statutory responsibilities regarding essential notification with examples provided. Section 31 reports were completed for RN staffing shortages; however, the service is now fully staffed with RNs. There has been one Section 31 since the previous audit for one unstageable pressure injury. Public health authorities were notified of the July 2023 Covid-19 outbreak.</p> <p>Ethnicity data is collected during the resident's entry to the service and during the employment process for staff.</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>	FA	<p>There is an annual education and training schedule being implemented that includes mandatory training across 2022 and 2023. Toolbox talks are held when required at handovers. The RNs and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The nurse unit managers share an on-call roster.</p> <p>Interviews with HCAs, RNs and management team confirmed that their</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>workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings. Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety, and moving and handling. A record of completion is maintained.</p> <p>Ongoing training is offered to all staff. The service uses a combination of online training, guest speakers, in-service training and additional training is also provided through toolbox talks and staff meetings. A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. Healthcare assistants are encouraged to undertake aged care education (Careerforce). Currently there are 19 HCAs with level 3 and 4 New Zealand Qualification Authority (NZQA) qualifications and two with level 2 NZQA qualifications. A further six HCAs are new to the role and will commence training. Cultural orientation and training are provided, and a cultural competency is completed.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Six RNs (including the facility manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. There is an Employee Assistance Programme (EAP) available to staff that support staff to balance work with life.</p> <p>The service collects and shares high-quality Māori health information.</p>
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<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, management of staff files, selection, orientation, and staff training and development. Staff files are securely stored electronically, and in hard copy. Nine staff files reviewed (two RNs, three HCAs, one wellbeing manager/diversional therapist, one cleaner, one laundry and one kitchen assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatrist, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>Nationality data is identified during the employment application stage.</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>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived 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.</p>

		<p>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. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality 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>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. The information in the welcome pack for Nazareth House is available in te reo Māori, Samoan, Chinese and other languages as required.</p> <p>Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager and sister superior are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents; this is documented on the resident management electronic system. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly facility manager report to the clinical operations manager. The facility has established links with Ngā Tahu through a Māori liaison person and is able to consult on matters in order 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>	FA	<p>Nine files were reviewed for this audit (five hospital files, including one resident on an accident compensation contract (ACC), one respite contract and one resident on an end-of-life contract; and four rest home residents). The nurse unit managers and the RNs 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 there is a family/whānau meeting when the long-term care plans are reviewed. This is documented in the electronic progress notes.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (except for the respite, end of life and ACC residents) had interRAI assessments completed in a timely manner to the detail reflective of the resident. Electronic and or paper-based assessments were completed for residents where required/ or those who did not require interRAI assessments. The long-term care plan includes detailed interventions to guide care delivery related to mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; and pain. The care plan aligns with the service's model of person-centred care. Care plan evaluations were completed as needs changed and within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</p> <p>The service contracts a GP who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly. Residents can retain their own GP if they choose to. The GP provides a 24/7 on-call service. The two nurse unit managers rotate after-hours calls and advice week about. When interviewed, the GP</p>

		<p>expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service employs a physiotherapist for four hours a week and a physiotherapy assistant for four hours a day Monday to Friday. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and RNs interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily on the electronic system by HCAs and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a RN initiates a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There were 16 residents with 27 wounds currently being treated, which includes skin lesions, surgical wounds, skin tears and one ulcer under palliative management.</p> <p>Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; repositioning; intentional rounding; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries.</p> <p>Short-term care plans were well utilised for issues and signed off when</p>
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		resolved for infections, weight loss, and wounds.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There are two diversional therapists (DT). One is the wellbeing and lifestyle manager providing activities across the five days, and on special occasions as required in weekends. Both members of the team have current first aid certificates. The programme is supported by a group of volunteers from the independent villas, the community and family of previous residents. All volunteers are inducted into the service.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. A monthly calendar is delivered to each individual resident.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities and culturally focused activities. Cultural events are promoted in newsletters and displays.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>Entertainment and outings are scheduled weekly. There are daily mass and rosary services and an Anglican service monthly. Non catholic residents are welcome to attend rosary and mass services.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include quizzes; newspaper reading; board gaming; mini golf; quoits; exercises; knitting clubs; foot massages; manicures; happy hour; mobile library; and art groups. There are regular van drives for outings.</p> <p>Resident meetings are held three-monthly. Monthly newsletters are delivered to each resident highlighting planned special events,</p>

		birthdays, and celebrations. Residents are able to provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medication management is available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent HCAs) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. The service has packaged medication for regular 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 the facility medication rooms and locked trolleys. The medication fridges are monitored daily, and documentation evidenced all were within acceptable ranges. The medication room temperatures are maintained between 21 and 22 degrees Celsius by an automated heating system, managed by the maintenance team. All medications, including the bulk supply order, are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-medicating. There are policies and procedures for staff to follow should a resident wish to self-administer medications. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is</p>

		documented in the progress notes. The RNs, nurse unit managers and facility manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<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>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring in May 2024. The four-weekly menu has been reviewed by a dietitian.</p> <p>There is a food services manual available in the kitchen. The catering and environmental services manager (qualified chef) receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The catering and environmental services manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to sandwiches at any time. On the day of audit, meals were observed to be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The chefs complete a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents from the attached room kitchenettes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided.</p>

		They can offer feedback at the resident meetings and through resident surveys.
<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 residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge, or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The nurse unit managers and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness (expires 1 October 2023). The maintenance team of five staff, including a full-time maintenance manager, oversees the annual preventative and planned maintenance and gardening plan. The visual inspection of indoors and outdoors evidenced all is well maintained. The building, art and décor is reflective of peoples' cultures and supports cultural practices.</p> <p>There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes checking of equipment, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. All electrical equipment and other machinery are included as part of the annual maintenance and verification checks. Electrical checks were completed in August 2023. Maintenance and calibration of equipment have been completed as scheduled.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. The hallways are wide and include ample room for the placement of armchairs and smaller</p>

		<p>communal areas for residents to sit in. The large well-appointed dining rooms are adjacent to the two kitchen serveries. All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. Activities take place in the large activities room which opens onto a spacious courtyard, in the movie theatre, in smaller lounges, or in the creation room. There is a dedicated physiotherapy room with a massage chair, a pastoral care room, hairdressing salon, medical consulting suite, scooter park and a large chapel. There is adequate space for storage of mobility equipment. The building is appropriately heated by a wood chip boiler with radiators in resident rooms. There is underfloor heating throughout the facility.</p> <p>There are forty rooms (in two twenty bed wings) on each level with an internal lift providing access between the two floors. The lift is spacious to accommodate ambulance transfer equipment. All residents' rooms are spacious and allow safe manoeuvre of mobility and transfer equipment. Door entries are spacious and wide for the movement of transfer and ambulance equipment. All resident rooms have ceiling hoists. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and are able to personalise their room. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating.</p> <p>There is an enclosed courtyard gardens, and all outdoor areas have seating and shade. The facility is surrounded by landscaped grounds.</p> <p>Residents were observed moving freely around the areas with mobility aids. There is safe access to all communal areas.</p> <p>There are sufficient communal toilets situated in close proximity to communal areas. There are separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required. The service is not currently engaged in construction. If this were to happen, sister superior representing the NZ Trust and the facility manager described how they would utilise their links with their kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori.</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>	FA	<p>Emergency management policies, including the pandemic plan and a business continuity 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 procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill (24 August 2023) has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is a petrol power generator on site which is tested three-monthly and serviced annually. There are adequate supplies in the event of a civil defence emergency, including 30,000 litres of water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. All staff carry pagers to alert care staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff and a contracted security firm completes security checks at night. External gates are alarmed and come on automatically at set times. Access is available via a swipe card or access code. Cameras monitor the grounds, external gates and doors, and communal areas.</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</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Nazareth House's business and quality plan to ensure an environment that minimises the risk of infection to residents,</p>

<p>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>staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health and Te Whatu Ora - Waitaha Canterbury with infection control (IC) and AMS resources are accessible.</p> <p>The facility IC committee is part of the monthly staff/quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. The minutes are available for all staff to access. Any significant events are managed using a collaborative approach involving the committee, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues to governance.</p> <p>The IC coordinator and the committee oversee infection control and prevention across the service. The role of the IC coordinator role is included in the job descriptions. The IC programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is part of the strategic and quality plan. The IC and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit 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>	FA	<p>The infection control and prevention manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight; pandemic and outbreak management plan; responsibilities during construction/refurbishment; training; and education of staff. Policies and procedures are reviewed by an industry leader, the facility manager and the quality, risk, and education coordinator. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora –Waitaha Canterbury.</p> <p>The IC coordinator role is included in the quality, risk and education coordinators job description and outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IC coordinator has completed training in infection control and there is good external support from the GP, laboratory, external consultant, and the infection control nurse specialist at Te Whatu Ora -</p>

		<p>Waitaha Canterbury. Outbreak kits are readily available and there is a store of personal protective equipment.</p> <p>On the days of the audit there were residents who were Covid-19 positive and had appropriate equipment and isolation processes in place.</p> <p>The IC coordinator (RN) has been in the role for four weeks and is supported by the nursing team, facility manager and general practitioner. The IC coordinator was interviewed, described the pandemic plan, and confirmed how the implementation of the plan would be used during an outbreak. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The IC audit monitors the effectiveness of education and infection control practices.</p> <p>The IC coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and HCAs work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>The IC policy states that the facility 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. Staff have completed IC in-services and associated competencies, such as</p>
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		<p>handwashing and personal protective equipment. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated as required. Visitors are asked not to visit if unwell.</p> <p>There are no plans to change the current environment; however, the sister superior and general manager advised they will consult with the IC 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 procedure that requires monitoring of antimicrobial use. The policy states this is done through the evaluation and monitoring of medication 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-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>	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 is monitored and analysed for trends, monthly and annually. Three-monthly benchmarking is undertaken, and the information is discussed at the staff meeting. The service incorporates ethnicity data into surveillance methods and data captured around infections. 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. Nazareth House receives regular notifications and alerts from Te Whatu Ora- Waitaha Christchurch for any community concerns.</p> <p>There has been one outbreak (Covid-19) reported since the previous audit. The outbreak was managed well, documented, and notified in a</p>

		timely manner. Residents and family/whānau were kept informed throughout the outbreak.
<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>	FA	<p>Nazareth House 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 sink with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is processed on site by dedicated cleaner/laundry assistants seven days per week. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Laundry chemicals are within closed systems, and material safety data sheets were evidenced in the area. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The cleaning trolleys were attended and locked away when not in use. All chemicals on the cleaning trolleys were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system. The staff interviewed demonstrated their understanding of the systems and processes.</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</p>	FA	<p>The restraint approval process, as described in the restraint policy and procedures, meets the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced RN (facility manager) is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with</p>

<p>restraint in the context of aiming for elimination.</p>		<p>restraint policies and procedures. The facility has been restraint free since May 2021. The service has made a commitment to maintain a restraint-free environment. Restraint minimisation training for staff, which includes a competency assessment, begins during their orientation, and is updated annually.</p> <p>The reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint policy ensures resident, family/whānau approval would be sought if restraint was being considered. Any impact on family/whānau would also be considered.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.8.3 My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.	PA Low	Residents, family and whānau receive information about making a complaint at admission. Complaints forms are available at reception and staff understand the advocacy process to support residents if they wish to make a complaint. The complaints reviewed evidenced these had been acknowledged, investigated, and resolved with in timeframes set out by the Health and Disability Commissioner; however, there has no complaint register maintained.	There was no complaints' register in place at Nazareth House.	Ensure a complaint register is maintained at the facility. 90 days

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	CI	Nazareth Care, Christchurch, recognised the need for improved clinical outcomes including falls, restraint, pressure injury reduction and improved satisfaction for residents. It was recognised this could be enabled by significantly reducing the administrative workload of the clinical team/facility management to facilitate additional time to be spent in the clinical areas and with residents to further understand their requirements and action in real time, any early warning signs of clinical deterioration or risk. Further to this, it was noted that there was a reliance on agency staff as there were delays in replacing clinical staff. The changes that were implemented as a result of the new structure have resulted in improved clinical outcomes and a reduction in administrative workload included increased oversight by the people and culture manager to support employee relations, thereby reducing the facility manager's input into these	There has been an improvement in clinical indicators; a 90% agency reduction in agency staff usage with improved staff morale and culture, as evidenced by staff opinion survey. There has been increased staff satisfaction evidenced by reduced staff turnover from 30% in 2022 to 5% in 2023. The resident satisfaction response to survey has increased by 22% from the 2022 to the 2023 survey results. Further to this, a reduction in pressure injuries, from six pressure injuries in quarter four 2021/2022 to three for third quarter 2022/2023. A reduction in the number of section 31 notifications for 2023 with one pressure injury reported compared to the previous 12 months where six were reported. Reduction in quarterly falls from 48.82% in Jan 2023 to 24.82% in July 2023. Restraints have been reduced to zero.

		<p>matters, leaving her to work in areas to improve quality care for residents. To support this, a dedicated central recruitment process was implemented to support quality and skilled hires, which decreased the reliance on agency staffing. The organisation has been able to improve pay and penalty rates for RNs on weekends ahead of most competitors, which leads to less absences by staff. Further to this, a human resource dedicated to support upskilling of caregivers to level four, enabling RNs to be more available for staff, residents, and family/whānau, has been implemented. A New Zealand based electronic resident platform to improve ease of access for care planning and documentation has replaced the system that was in place. The facility manager has received increased support from the general manager of compliance/risk and has the support of a full time (previously part time) quality, safety, and education coordinator role. This extended role has led to more closely monitored clinical key performance indicators, leading to supporting nurse unit managers to achieve improved outcomes.</p>	
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End of the report.