

# Millvale House Miramar Limited - Millvale House Miramar

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## 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:

<b>Legal entity:</b>	Millvale House Miramar Limited
<b>Premises audited:</b>	Millvale House Miramar
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 29 August 2023 End date: 30 August 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	25

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

## General overview of the audit

Dementia Care New Zealand Limited is the parent company of Millvale House Miramar. The service provides psychogeriatric and rest home level care for up to 28 residents. The service is configured to include 26 psychogeriatric beds and two rest home beds. At the time of the audit there were 25 residents all at psychogeriatric level of care. Families/whānau reported satisfaction and positivity about the care, services, and activities provided. There have been no significant changes to the facility or services since the last audit. The facility is run by the operations coordinator, who is assisted by the regional clinical manager.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit processes included observations, a review of organisational documents, staff and resident files, interviews with family/whānau, staff and management.

This certification audit identified shortfalls around staffing and care plan interventions.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. At the time this audit was undertaken, there was a significant national health workforce shortage. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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Millvale House Miramar has 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 family/whānau input. The GP visits on a regular basis, and consultation notes are available in resident files. Referrals are made appropriately to allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme that includes cultural celebrations which the activity coordinator and staff implement. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

The registered nurses identify residents' food preferences and dietary requirements at admission. All food and baking is prepared and cooked on-site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. There are additional snacks available 24/7. The service has a current food control plan.

Transfers and discharges are coordinated between services.

## 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 are fully attained.

The building holds a current warrant of fitness. All rooms are single occupancy, spacious to provide personal cares and are personalised. Fixtures, fittings, and flooring are appropriate. Maintenance is done on an 'as required' basis with plans for preventative maintenance in place. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The facility is secure with a secure enclosed outdoor area.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days.

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 current first aid training. Appropriate security checks and measures are completed by staff.

## 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 are fully attained.

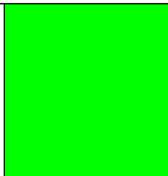
The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The infection control coordinator (registered nurse) coordinates the programme.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been two outbreaks since the previous audit, which have been managed well in accordance with current guidelines and the pandemic plan.

The environment supports the prevention and transmission of infections. The environment and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## 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 are fully attained.
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The restraint coordinator is a registered nurse. The service has been restraint free since March 2021. The restraint policy is in place and is supported by a Restraint Approval Group. Restraint minimisation education is conducted twice annually. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	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

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and policy are documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. At the time of the audit there were residents who identify as Māori. The Strategic plan states Dementia Care New Zealand (DCNZ) “priority will be given to implementing the new DCNZ Māori Health Plan and reviewing its effectiveness will be given over this period of time. Barriers to providing culturally appropriate services to Māori will be identified and mitigated.</p> <p>The Māori health plan states the organisation actively increase Māori workforce through targeted recruitment, and Māori staff are provided with equal opportunities to develop their knowledge and skills and retain their expertise. There were no staff who identify as Māori employed at the facility; however, there are a number of staff who identify as Māori employed in a range of positions throughout the organisation.</p>

	<p>Online resources are available for staff to learn te reo Māori. Te reo Māori is used through signage and there are a range of resources and information available to residents and family/ whānau in te reo. Advocacy and interpreter services are available in te reo Māori. There is an appreciation of tikanga Māori and increasing value on incorporating this into DCNZ everyday life. Millvale House -Miramar has developed and delivered training for staff which highlights issues in relation to Te Tiriti o Waitangi and the scope to improve health equity for Māori.</p> <p>Interviews with staff (one registered nurse, six caregivers, one cook, one home assistant) described examples of providing culturally safe services in relation to their role. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them. This includes their individual values and beliefs enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (two directors, one national mental health nurse/training advisor, one regional manager, one quality manager and one operations coordinator) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on cultural safety in May 2023. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing, Māori operating principles and values, assessment tools, and meeting resident's needs.</p> <p>Residents who identify as Māori are supported to maintain their links in the community as confirmed in interview with residents and review of care plans. The service has established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents. Māori advisors through Te Whatu Ora Health New Zealand- Capital, Coast and Hutt Valley are engaged annually for service planning purposes as required. The cultural advisor provides Māori representation at governance level where required.</p>
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<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific health plan in place. The service maintains a link with a local Pacific Island community group through Pacific staff members, in order to provide cultural support for Pacific staff and residents.</p> <p>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On enquiry and admission all residents state their ethnicity and cultural beliefs. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service has linkages to Pasifika groups in the local community facilitated by current Pasifika staff members. If required, the service can access pamphlets and information on the service in most Pasifika languages. The service is actively recruiting new staff. The operations coordinator described how they would encourage and support any staff that identified as Pasifika through the employment process.</p> <p>The Pacific health plan states the organisation will recruit and retain a Pacific workforce that reflects the populations they serve. Pacific employees are able to attain their training goals and all staff are able to provide a culturally safe service. On interview, Pasifika staff confirmed they are welcomed and supported by management to attain qualifications.</p> <p>Information on cultural safety of Pacific peoples is provided in the orientation programme for all new employees. Expectations regarding cultural practice is documented in employees job descriptions. Data collected for Pacific peoples informs targeted health interventions needed. Staff training and support from cultural advisors ensure a culturally safe service. Interviews with the management team, staff, and family/whānau and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service ensures</p>

<p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan, interviews with staff, education and training, and resident care plans reviewed.</p> <p>Millvale House -Miramar policies and procedures align with the requirements of the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers’ Rights is displayed in multiple locations in English and te reo Māori. The operations coordinator or clinical manager discuss aspects of the Code with residents and their relatives on admission, and at family/whānau meetings. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori and Pasifika languages. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The family/whānau interviewed stated they felt residents rights were upheld and they were treated with dignity, respect, and kindness. The results from the 2022 family/whānau survey reflected a 100% agreement with the statement “The Service is provided in a manner that respects the dignity, privacy.” On interview family members indicated they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible.</p>
<p>Subsection 1.4: I am treated with respect</p>	<p>FA</p>	<p>Caregivers and RNs interviewed described how they support residents</p>

<p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Family/whānau interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. 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. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents have control and choice over activities they participate in as evidenced in resident care plans.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents.</p> <p>Family/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. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2022 resident survey identified a high level of satisfaction around privacy, dignity, and respect.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Te reo Māori is celebrated during Māori language week and Matariki are celebrated. Caregivers interviewed advised they are encouraged</p>
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		<p>to use common te reo phrases when speaking with residents and answering the phone. There are online resources available to staff to learn te reo Māori.</p> <p>The service has signage in te reo Māori displayed in various locations throughout the facility. The staff noticeboards contain information on Māori tikanga practice. Interviews with management and staff confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Millvale House -Miramar has implemented an abuse and neglect policy. This policy describes how staff ensure the service is free from any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. The code of conduct (titled 'House Rules'), states discrimination, harassment, and bullying will not be tolerated. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Staff complete education on 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. During the interview with care givers, they were all able to describe what symptoms of neglect and abuse may look like.</p> <p>All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful, this was supported by the 2022</p>

		<p>Family/whānau survey.</p> <p>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 and included interventions to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Millvale House – Miramar has policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The service utilises electronic accident/incident forms which has a section to indicate if next of kin have been informed (or not). The sample of incident reports reviewed evidenced family/whānau were notified on all occasions, progress notes were updated, and care plans reviewed. Records indicated that families and whānau are kept informed on a regular basis and, this was confirmed through interviews.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. 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 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 service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora- Capital Coast and Hutt Valley specialist services (eg, physiotherapist, district nurse, speech language therapist, mental health services for older adults, and pharmacist). There is a dietitian contracted to support nutritional consultation. The delivery of care includes a multidisciplinary team, the activated enduring power of attorney (EPOA) provides consent and are involved in all decision making in partnership with the services involved. The regional clinical manager described an implemented process around providing family/whānau with time for discussion</p>

		<p>around care, time to consider decisions, and opportunity for further discussion if required.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails, regular newsletters, and meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. There is a comprehensive booklet - 'a guide for residents, EPOAs and families' available for potential residents and their family/whānau. Informed consent processes were discussed with residents/whānau/families on admission. Resident files reviewed had written general consents sighted for photographs. Consent for release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consents had been signed by activated enduring power of attorneys (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with caregivers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and undertaking personal cares.</p> <p>All the files reviewed had either EPOA or current welfare guardian documentation on file. The EPOA documentation is filed and activated with certificate for incapacity sighted in files reviewed.</p> <p>Advance directives for health care including resuscitation status were in place in resident files. Where residents were deemed incompetent to make a resuscitation decision, there was a medically initiated resuscitation decision. There was documented evidence of discussion with the enduring power of attorney. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the resident receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>The enduring power of attorney (EPOA) documentation and capacity</p>

		assessments were filed in the resident files.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisational complaints policy is being implemented. The complaints policy includes use of te reo and reference to supports for Māori residents to ensure the process works equitably for Māori residents. The operations coordinator has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The operations coordinator maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings. There have been no complaints received in 2023 year to date. The previous years complaints reviewed had been acknowledged and investigated in accordance with guidelines set by the Health and Disability Commissioner (HDC). Letters of investigation and outcomes offer advocacy. There have been no external complaints received since the previous audit.</p> <p>Discussions with relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so.</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>Dementia Care NZ Limited (DCNZ) is the parent company under which Millvale House Miramar Ltd operates. Millvale House -Miramar provides rest home and psychogeriatric level of care for up to 28 residents. On the day of audit there was 25 residents; 24 were on the age-related hospital specialist services (ARHSS) agreement. One resident was receiving supplementary funding from ACC for a prior injury. The two rest-home certified beds are situated on an upper level adjacent to the staff and office area; however, they are not currently in service, and have not been occupied since the last certification audit.</p> <p>Dementia Care NZ has a corporate structure that includes two directors/owners and a governance team of managers which includes: an operations management leader; quality manager; public relations and marketing manager; a clinical advisor; two regional clinical</p>

		<p>managers (North and South Island); and a national training coordinator. The role of Strategic Communication, Engagement and Governance Advisor is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors this includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic and business plan.</p> <p>The national training coordinator, regional clinical manager, and quality and systems manager were present during the audit.</p> <p>Dementia Care NZ has engaged a cultural advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the organisation. This will enhance Te Tiriti partnership, reduce inequity, and improve equality. Policies reviewed demonstrate commitment to the HDSS:2021. Barriers to providing culturally appropriate services are identified and mitigated. A Māori Health Plan and Pacific Health Plan are developed and a review of the intentions of Te Tiriti o Waitangi and the implications of this for the organisation is planned. There is increasing value placed on Māori tikanga and the use of te reo Māori within the organisation. The governance body monitors key metrics on equity including the number of staff and residents identifying as Māori. The directors work to ensure that Māori plans and policies are led by Māori, and that Māori residents, Whānau and staff members are supported. Dementia Care NZ is working with the organisational cultural advisor to ensure these needs are met.</p> <p>Dementia Care NZ has an overarching strategic plan 2021 to 2024 and a related business plan (2022-2023) that is developed in consultation with managers and reviewed annually. The director (interviewed via video conferencing) described the overall business plan which includes the vision, values and “the work we do” documented in English and te reo Māori. The organisation’s vision includes acceptance of all people with kindness, love, provision of peace, and comfort. The management team are striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside</p>
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	<p>Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights; Manaakitanga wellbeing; whanaungatanga social organisation of whānau, hapu, and iwi; wairuatanga spiritual comprehensive and integrated services; kaitiakitanga guidance; consistent evidence-based services; and kotahitanga unity of purpose. Business goals for Millvale House - Miramar include (but are not limited to) marketing; information technology system implementation; professional development; and addressing registered nurse and general practitioner shortages.</p> <p>Dementia Care NZ surveys families after six weeks of care, conducts annual surveys and resident surveys to understand the needs of the different users of the services. Annual surveys include a request for ideas for the business plan. Focus groups of residents or their EPOA at each local facility are facilitated by the Strategic Communication, Engagement and Governance Advisor. The objective of these groups is to obtain consumer representative feedback and ideas. Quality improvements are identified at the individual homes and/or organisationally where needed. The feedback from these sources and quality improvements generated are reported through Dementia Care NZ general meeting and steps to address issues raised are identified. Dementia Care NZ works closely with Te Whatu Ora services across New Zealand to ensure service provision meets the needs of the local community.</p> <p>Both directors and all of Dementia Care NZ's management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training.</p> <p>A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting which the regional clinical managers attend. Issues and outcomes from the Clinical Governance Meeting are discussed with the directors and reported through the general meeting.</p> <p>The operations coordinator (non-clinical) has been in the role for two years and reports to the operations management leader. The clinical manager position was vacant on the day of audit; however, an appointment has been made. The regional clinical manager has been</p>
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		<p>employed in the role for 17 months and has covered this role.</p> <p>The operations coordinator and clinical manager have both attended Zoom Te Whatu Ora meetings, including Covid-19 education through Te Whatu Ora – Capital, Coast, and Hutt Valley and DCNZ. Managers are supported by the organisational team and directors who visit the site regularly.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data, and benchmarking. The cultural advisor ensures that organisational practices from the governance level down to individual facility operations improve health equity for Māori. DCNZ is implementing a quality management framework using a risk-based approach to improve service delivery and care. The organisation has a focus on improving health equity through critical analysis of organisational practices including the review of policies and processes to ensure all care staff deliver high quality health care for Māori. Goals are established and progress reported at all levels of the organisation.</p> <p>The operations coordinator and regional clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls, behaviour incidents, bruises, pressure injures, skin tears, infections, medication errors and restraint use. Data is collated for benchmarking and results reported back to the facility for quality improvement plans if required.</p> <p>Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings.</p> <p>Satisfaction surveys are completed annually. The surveys completed in 2022 reflected the overall satisfaction of the service being provided was high with 100% of respondents stating they were happy with the medical care provided; that they had appropriate input in to care plans and they were well informed. A recent initiative has been to include</p>

		<p>analysis of responses by ethnicity of residents.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>The regional clinical manager evaluates interventions for individual residents. Each incident/accident is documented electronically. Accident/incident forms reviewed for 2023 indicated that the forms are completed in full, signed off by the clinical manager/regional clinical manager and operations coordinator. Opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the staff meetings.</p> <p>The service runs a comprehensive Health &amp; Safety programme including policy and training, hazard identification, incident and near miss reporting, and investigations. Health and safety meetings are held monthly. Hazards are documented and addressed appropriately. Staff received education related to hazard management and health and safety at orientation and annually. Policies reference current health and safety legislation and there is a staff representative.</p> <p>There are monthly quality improvement meetings, health and safety meetings, monthly infection committee meeting, resident event analysis management meetings, activities, clinical meetings, and six-monthly restraint review meetings. Meeting minutes and monthly bulletins are available for all staff in the staffroom. Discussions with staff confirmed their involvement in the quality programme. In addition, the service holds a six-monthly organisational meeting where policy and staffing issues are addressed eg, restraint minimisation.</p> <p>Discussions with the directors, regional clinical manager, and operations coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been 35 Section 31 reports since the previous audit in relation to registered nurse shortages, and one pressure injury. There have been two outbreaks documented since the last audit (one gastroenteritis, and one Covid-19). These were appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (afternoon and night shifts) for psychogeriatric level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage. The shifts not covered by registered nurses are covered by senior caregivers who are internationally trained registered nurses that currently do not hold a New Zealand registered nurse practising certificate. These senior caregivers work under the supervision of a registered nurse and regional clinical manager and have ongoing support from senior clinical team.</p> <p>The operations coordinator and the regional clinical manager work full-time Monday to Friday. The operations coordinator is on call for non-clinical concerns and the clinical manager/regional clinical manager provides 24 hours on call for clinical matters.</p> <p>There is a specific roster documented for each of the homes (wings), appropriate to the level of care provided. All caregivers can rotate through all the homes if required to provide cover. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Family/whānau interviewed stated there were sufficient staff on duty when they visited.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service employs 23 staff and supports caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that all caregivers have either achieved the required dementia and PG standards or are in progress within the 18-month period for completion.</p> <p>The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ educator (also a mental health registered nurse). There is an attendance register for</p>

		<p>each training session and educational topics offered, including: in-services the DCNZ Best Friends dementia training, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, caregivers, and activities team members have a current first aid certificate.</p> <p>There are two RNs, both of whom are interRAI trained. There is also specific training for the registered nurses. Registered nurses have attended training including (but not limited to) critical thinking; infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression.</p> <p>There is a range of competencies specific to the employee's role. There is a schedule and register in place. Caregivers and registered nurses are required to complete annual competencies for cultural, restraint, and moving and handling. A record of completion is maintained on an electronic human resources system.</p> <p>Staff are trained and understand the practice of tikanga Māori. Staff also complete cultural safety training and are provided with opportunities to learn about Māori health outcomes, disparities, and health equity trends. The operations coordinator ensures the attendance and content of the sessions are filed. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori. The service collects ethnicity data for employees and maintains an employee ethnicity database.</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>Staff files are held securely. Five staff files were selected for review which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practicing certificates for the registered nurse. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of current practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacist, physiotherapist, podiatrist, and dietitian). There is an appraisal policy in place. Of the files reviewed all staff who had been employed for over one year have an annual appraisal completed. Staff with less than one year of service receive an appraisal following completion of their orientation and at six months of service.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. 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. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a document shredder for immediate document destruction. Millvale House - Miramar has off site storage of archived files. 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>	<p>FA</p>	<p>Residents who are admitted to Millvale House- Miramar are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The operations coordinator and regional clinical manager screen prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the operations coordinator and the referral team. The prospective resident would be referred to the referrer. The operations coordinator described reasons for declining entry would only occur if there were no beds available, or Millvale House- Miramar is unable to provide the service the prospective resident requires, after considering staffing and resident needs. There have been no residents declined entry to Millvale House- Miramar.</p> <p>The operations coordinator keeps records of how many prospective residents with family/whānau have viewed the facility, admissions and declined referrals. The service collects ethnicity information at the time of admission from individual residents. 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 for Māori. Review of the current residents admitted to Millvale House - Miramar evidence diverse ethnicity including those who identify as Māori. The service has established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p> <p>There is an information pack relating to the services provided at Millvale House -Miramar, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Te Whatu Ora- Capital, Coast and Hutt Valley service agreements. Services that are not provided by Millvale House -Miramar are included in the admission agreement.</p> <p>Millvale House -Miramar identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service engages with local Māori advisors including kaumātua to benefit Māori individuals and whānau.</p>
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<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed including one resident on Accident Compensation Corporation (ACC) funding. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of family/whānau involvement in the interRAI assessments and long-term care plans reviewed.</p> <p>Millvale House -Miramar provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>Millvale House- Miramar uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include (but are not limited to) those relating to falls, pressure injury, behaviour, continence, nutrition, skin, culture, activities, and pain. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of the assessments formulate the basis of the long-term care plan. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements; however, the care plans did not always include a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist caregivers in management of the resident behaviours. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds. They are signed off when resolved or moved to the long-term care plan; however, not all infections noted in the resident records had infection reports and short-term care plans completed. Evaluations were completed at the time of interRAI re-assessments (six-monthly) and when changes occurred earlier as indicated for the five resident records reviewed. Written evaluations reviewed identify if the resident</p>

		<p>goals had been met or unmet.</p> <p>A Māori health care plan is utilised for residents who identify as Māori and is based on the Te Whare Tapa Whā model of care.</p> <p>The general practitioner (GP) from the medical centre provides medical services including after hours on call support. Residents are reviewed by a visit to the facility by the GP on admission, acutely or for monthly/ three monthly review. There is evidence in the resident files that the residents were seen by the GP within 5 working days of admission and resident regular reviews occurred as per required time frames. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were very happy with the competence of the registered nurses, care provided and timely communication when there are concerns.</p> <p>Specialist services are initiated as needed. Allied health interventions are documented; however, not all were integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. A physiotherapist is available as required from Te Whatu Ora- Capital Coast and Hutt Valley, and a dietitian reviews residents monthly. The podiatrist visits regularly. Specialist services (eg, mental health, psycho-geriatricians, speech language therapist, wound care specialist, and continence specialist nurse) are available as required through Te Whatu Ora- Capital, Coast and Hutt Valley.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the registered nurses document at least daily and as necessary in the resident records.</p> <p>The family/whānau interviewed reported that the residents' needs and expectations are being met. When a resident's condition changes, the staff alert the RN who then assesses the resident and initiate a review with the GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes</p>
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		<p>and any changes to health status. This was consistently documented in the resident files.</p> <p>There were two wounds (one basal cell carcinoma lesion and one skin lesion) from two residents actively being managed at the time of the audit. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. A wound register has been fully maintained. The regional clinical manager is aware of notifying through section 31 reporting for any pressure injuries grade three and above. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the wounds reviewed. There is access to specialist input into chronic wounds as required. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>The activities coordinator works 17.5 hours a week and provides activities to residents Monday to Friday with van outings arranged weekly. The activities coordinator and staff who accompany residents on van outings have current first aid certificates. The activities</p>

<p>activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>coordinator develops and coordinates with staff on the delivery of the activity programme. There are resources available for caregivers to use after hours and when the activities coordinator is off. A monthly activities calendar is posted on the noticeboards, and copies are available for residents and family/whānau.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. These include (but not limited to), gardening, exercises, board games, entertainment, art, newspaper, music, craft, van trips, sensory activities, and one-on-one walks around the garden. Residents who do not participate regularly in group activities are visited one-on-one. The interactions observed on the day of the audit showed engagement between residents, the activity coordinator, and staff. Some residents were observed going out for walks in the garden.</p> <p>Residents' participation and attendance in activities are recorded in the resident records. Residents have an individualised activities assessment and care plan which is integrated in the long-term care plan. These are reviewed at least six-monthly. Resident care plans did not evidence 24-hour activity plans which included strategies for distraction, de-escalation, and management of challenging behaviours (link 3.2.3).</p> <p>Community visitors include entertainers, and church services. Special events like birthdays, St Patricks day, Matariki, Easter, Father's/Mother's Day, ANZAC day, Christmas, and theme days are on the programme and celebrated with appropriate resources available. The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori.</p> <p>Families/whānau interviewed spoke positively of the activities programme with feedback and suggestions for activities made via one on one, surveys and meetings.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>FA</p>	<p>DCNZ has organisational policies documented around safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications are assessed annually for competency. Education around</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the day of the audit, a registered nurse was observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their roles regarding medication administration. Millvale House -Miramar uses robotic rolls for all regular and 'as required' medicines and blister packs for short course medicines. All medications once delivered are checked by the registered nurses against the medication chart. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Ten medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. Due to the nature of the service (psychogeriatric) there were no residents self-administering medications; however, there are policies and procedures in place should there be a rest home level resident wish to administer their medication. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. There are no standing orders in use.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The registered nurse and regional clinical manager described how they work in partnership with residents and family/whānau who identify as Māori to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>The cook works full time four days a week and is supported by another cook who works the other three days. The service employs kitchen</p>

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>hand staff for cleaning and other non-cooking duties.</p> <p>All meals are prepared and cooked on site. Meals are served into trays and put in the hotbox for transportation to the dining room. Pureed meals are plated in the kitchen and transported in the hot box as well. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates and cutlery are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding resident’s food portion size and normal food and fluid intake. Caregivers confirmed they report any changes in eating habits to the registered nurse and record this in progress notes. The kitchen was observed to be clean, well-organised, well equipped and with a current approved food control plan expiring 1 May 2024. The four-weekly seasonal menu has been reviewed by a dietitian.</p> <p>A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the registered nurses with resident’s dietary profiles and any allergies. Residents who require supplements for identified weight loss or meal alternatives as assessed by dietitian, have them supplied. Nutritional snacks are available 24/7.</p> <p>Kitchen staff are trained in safe food handling. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers.</p> <p>Family/whānau surveys, and one-to-one interaction of residents with the cooks in the dining room allows the opportunity for feedback on the meals and food services. The cook and caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural themed days in line with the theme. The cook stated they accommodate any requests from residents within reason.</p> <p>Family/whānau members interviewed indicated satisfaction with the food.</p>
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<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>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include but not limited to transfer form, copies of medical history, form with family/whānau contact details, resuscitation form, medication charts and last general practitioner review records. The families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The regional clinical manager advised that a comprehensive handover occurs between services.</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>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Millvale House -Miramar and comply with legislation relevant to services being provided. The current building warrant of fitness expires 29 June 2024. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>Maintenance requests are logged into an electronic maintenance log and the operations coordinator arranges repair with either the regional maintenance person (who works one day a month) or contractors. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, gutter maintenance, calibration of medical equipment and testing of hot water temperatures that is managed by the operations coordinator and maintenance person. Hot water temperatures are monitored weekly and are below 45 degrees Celsius (sighted). Testing and tagging of electrical equipment was completed in July 2023. Checking and calibration of medical equipment, hoists and scales is next due in June 2024. There</p>

	<p>are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and to the outside areas and gardens. The external courtyards and gardens are secure, easily accessible and have seating and shade. The external areas are well maintained and were appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden.</p> <p>The service is on two levels. The psychogeriatric (ground floor) comprises of two wings (Loloma and Kaibigan homes) on either side of three spacious dining/lounge areas. The dining/lounge areas can all be seen from a centrally located open plan nursing station. The kitchen, laundry and cleaning spaces are all located on the ground floor within the psychogeriatric unit and can be accessed by staff easily. There are two rest home beds (currently vacant) on the first floor that can be accessed by a flight of stairs. Layout of the building would allow rest home level residents to freely access and exit the facility as desired.</p> <p>All the rooms are large enough for easy movement with mobility aids and the psychogeriatric rooms can accommodate the use of hoists. There is easy viewing of outside through large windows in all the rooms along with easy access to outdoor space (including doors from individual bedrooms that lead to the secure gardens). Residents can have personal items in their bedrooms. Each room is identified by the resident's name. There are six communal toilets and four communal showers in the psychogeriatric area and separate facilities for the rest home beds upstairs. Each bedroom has a handbasin. Bathrooms/showers have signs, handrails, and call bells; are well lit, ventilated, and heated. There is sufficient space in the bathroom/shower areas to accommodate shower chairs and commodes. The communal toilets and bathrooms/showers have privacy locks system that indicates if it is engaged or vacant. Staff and visitor facilities are provided on the ground as well as the first floor.</p> <p>A variety of seating is provided to meet all resident's needs. Flooring is</p>
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		<p>carpet tiles or vinyl and maintained in very good condition. Installations, walls, and floorings are in good condition.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the operations coordinator advised that the service will liaise with local Māori providers and the cultural advisor to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service (5 February 2010). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last fire drill having been completed 10 August 2023. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage a barbeque is maintained with gas bottles, should gas cooking be needed. Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including an equivalent of 20 litres of water per person per day for a seven-day cover. Information around emergency procedures is provided for residents and relatives in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>Staff files of registered nurses and caregivers with NZQA level 4 reviewed demonstrated evidence of completing first aid/CPR training.</p> <p>There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There are display monitors in strategic positions in the hallways that would indicate where the call bell is coming from and allow to respond. Residents were observed to have their call bells in proximity to their current</p>

		<p>positions. Family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secure. Entry into the dementia unit is by pressing an access button and exit is by entry of a code which is made available to staff and family/whānau. The doors are set to automatically release in case of fire. The front door to the building is locked by staff at sunset and unlocked at sunrise. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control plan and Antimicrobial Stewardship policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Manatū Hauora recommendations.</p> <p>The infection control coordinator is a registered nurse and on interview reported they have full support from other members of the management team regarding infection prevention matters. This includes time, resources, and training. Monthly staff, infection control and management meetings include discussions regarding any residents of concerns, including any infections. Infection prevention incidents and issues are reported to the directors monthly through a report from the clinical governance meeting to the general meeting and urgent or significant issues are reported to the directors immediately.</p> <p>The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at Te Whatu Ora - Capital, Coast and Hutt Valley, the community laboratory, and the GP, as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There were two infection outbreaks reported since the previous audit which were</p>

		managed according to Manatū Hauora guidelines and reported to the directors immediately.
<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 coordinator (registered nurse) oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The registered nurse has completed external education on infection prevention and control for clinical staff.</p> <p>The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it is current.</p> <p>The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) were available and sighted on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into related clinical processes that impact on health care associated infection (HAI) risk and has access to all clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at orientation and through annual education sessions. Additional staff education has been provided in response to the Covid-19 pandemic and outbreak. Education with residents and family/whānau was on an</p>

		<p>individual basis as applicable. This included reminders about handwashing, advice about not visiting the facility if they are unwell and for residents to remain in room, as able, if unwell. This was confirmed in interviews with family/ whānau.</p> <p>The infection control coordinator consults with management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The operations coordinator and regional clinical manager stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Caregivers, home assistants and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff is practicing in a culturally safe manner. The service has educational resources in te reo Māori.</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</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is reviewed annually and has been approved by the directors. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Antimicrobial stewardship data is being collected. The antimicrobial stewardship committee meets quarterly, reviews this data and provides a summary along with any relevant issues for consideration by the directors. The infection control coordinator and regional quality managers review organisational antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Results are reported through management reporting to the directors. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, management, and the directors.</p> <p>Family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with four family/whānau.</p> <p>There were outbreaks of Covid-19 reported in May 2022 (affecting 17 residents) and gastroenteritis in October 2022 (affecting 13 residents) since the previous audit. These were managed appropriately with appropriate notifications completed.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning/chemical room. Cleaning products were in labelled bottles. The home assistants (cleaning/laundry/bed making staff) ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>Home assistants are responsible for cleaning. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The home assistants have attended training appropriate to their roles. The operations coordinator has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Home assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets by the caregivers. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All home assistants have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The home assistant interviewed demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes. Internal audits are completed for cleaning and laundry services which are monitored by the infection control coordinator and any corrective actions are identified and implemented. Results are discussed at all meetings.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>The service has been restraint free since March 2021. The governance body includes objectives around elimination of restraint.</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>The service's restraint policy includes the definitions of restraint, which aligns with the HDSS:2021 standard. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint). All staff receive education in restraint twice annually. The restraint coordinator is the clinical manager (registered nurse), and in their absence (currently) the regional clinical manager (RCM). The restraint coordinator (RCM) is conversant with restraint policies and procedures and is part of the national Restraint Approval Group. The service considers least restrictive practices, implementing de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort. Where restraint is used, data is be collated, analysed, and reported along with the quality data which is reported to the directors.</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)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>The service has been unable to provide a registered nurse on site 24/7 in the psychogeriatric homes, as per the specialist hospital services contract. It was noted that the service has attempted to mitigate the risk of this situation by utilising an on-call process with the regional clinical manager. The shifts not covered by registered nurses are all covered by senior caregivers who are all overseas registered nurses awaiting their New Zealand registration.</p>	<p>The service does not have sufficient numbers of registered nurses to always have a registered nurse on duty in the psychogeriatric wing to meet the ARHSS contract</p>	<p>Ensure a registered nurse is on duty 24/7 to meet the requirements of the ARHSS contract.</p> <p>90 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support</p>	<p>PA Low</p>	<p>Millvale House -Miramar has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. Millvale House - Miramar seeks multidisciplinary input as appropriate to the needs of the resident.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care; however, not all care plans were updated with changes in resident needs and reflective of interventions to support residents' behaviour over the 24-hour period. Interventions were not always documented for short term needs such as infections.</p> <p>The risk is assessed as low as interviews with family/whānau, care staff identified that the shortfalls noted relates to documentation only and the residents received the required care.</p>	<p>(i). One resident with acute issues (conjunctivitis) did not have an infection report or interventions documented.</p> <p>(ii). One resident did not have care plan interventions updated with a management plan as indicated by the district nurse.</p> <p>(iii). Five of five care plans did not include a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist caregivers in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p>	<p>(i). Ensure infection reports and care plan interventions are documented for acute issues as guided by the policy.</p> <p>(ii). Ensure care plans are updated to reflect specialist input to resident care.</p> <p>(iii). Ensure that all care plans reflect 24-hour management of the resident behaviours</p> <p>60 days</p>
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plan identifies wider service integration as required.				
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display
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End of the report.