

Dutch Village Trust - Ons Dorp Care Centre

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Dutch Village Trust
Premises audited:	Ons Dorp Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 October 2023 End date: 20 October 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	41

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Ons Dorp Care Centre is operated by the Dutch Village Trust. Ons Dorp is certified to provide hospital (medical and geriatric) and rest home level of care for up to 45 residents. On the days of the audit there were 41 residents.

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

Ons Dorp Care Centre is managed by a general manager and experienced clinical manager. They are supported by an experienced administrator, registered nurses and healthcare assistants. The residents and family/whānau interviewed spoke very positively about the care and support provided.

The shortfalls identified in the previous certification audit regarding neurological observations and communication of quality outcomes have been resolved.

There were no shortfalls identified at this surveillance audit.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

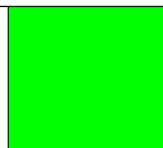
Ons Dorp Care Centre provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori health plan is in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. There have been no complaints since the previous audit.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

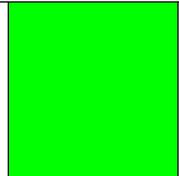
Ons Dorp Care Centre has an overarching strategy with clear business goals to support organisational values. The Ons Dorp Care Centre business plan aligns with the mission statement and operational objectives. Effective quality and risk management systems that take a risk-based approach are in place to meet the needs of the residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained.

The service has an implemented health and safety programme. Hazards are managed. Incident forms are documented, and results are analysed.

There is a staffing and rostering policy which aligns with contractual requirements and includes skill mixes; however, 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.

A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	---	--

The registered nurses are responsible for all care planning and care plan reviews. The resident files reviewed were developed in partnership with residents and family/whānau.

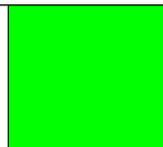
The service uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews.

The food service caters for residents' specific dietary likes and dislikes. A current food control plan is in place.

Residents are referred or transferred to other health services as required.

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

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

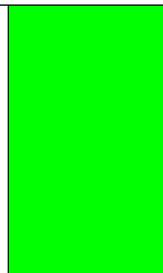


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures were monitored and within ranges.

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

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



Subsections applicable to this service fully attained.

There is a comprehensive infection control programme in place that has been reviewed at least annually. Infection control training is included in the education planner and is completed on orientation to the service.

Surveillance data is collated monthly and includes ethnicity data. Results are reported at all facility meetings and is reported to the Board.

There has been one Covid-19 outbreak since the previous audit which was well managed.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. There was one resident using a restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ons Dorp Care Centre has a Māori health plan which staff have implemented. Te Tiriti o Waitangi is considered in their day-to-day work. The service has relationships with Māori stakeholders and local communities. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture. The Pacific health plan has been developed by the quality consultant with input from Pasifika. The plan addresses equity of access, reflecting the needs of Pasifika, collaboration with spiritual leaders and operating in ways that are culturally safe. On the day of the audit, there were staff who identified as Pasifika. There were no Pacific residents.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English, te reo Māori, Dutch and other languages. Staff interviewed (one registered nurse (RN), six healthcare assistants, the chef, housekeeper, one laundry assistant, and maintenance officer) could describe how they uphold residents' rights in relation to their role.</p> <p>Four residents (two rest home, and two hospital) were interviewed and reported all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. The care plans reviewed were resident centred and evidenced input by residents and their family/whānau into their care and choices/independence. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with residents and two family/whānau (one rest home and one hospital).</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is an implemented abuse, neglect and prevention policy. The service implements a process to manage residents' comfort funds, such as sundry expenses and the handling of precious items – taonga. The service is inclusive of ethnicities, and cultural days are held to celebrate diversity. Staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Training on cultural safety, understanding, prevention of discrimination, racism, stigma, and bias was completed.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the RN and healthcare assistants (HCAs) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction to the service.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</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 is a policy that guides informed consent. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. At interview with family/whānau, they confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Discussions with the RN and HCAs confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney (EPOA) and activation documentation were evident in the resident files sampled.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and family/whānau on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, in a complaints' register. There have been eleven internal complaints since the last audit, with trends around communication and provision of cares discussed by the clinical manager. It is evidenced in meeting minutes that complaints are discussed with staff and the Trust Board. There were no complaints received from external agencies. Documentation of complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved and closed. Discussions with family/whānau and residents confirmed they are provided with information on the complaints process.</p> <p>There are complaints forms and a suggestion box located in a visible location at the entrance to the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held regularly. Interviews with the general manager and clinical manager confirmed their</p>

		<p>understanding of the complaints process. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The clinical manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ons Dorp Care Centre is an aged care provider with special character; the facility was developed in the 1970s by a group of Dutch investors. Whilst it has a Dutch focus, they are welcoming of all cultures and ethnicities. The care facility is co-located on the same site as the village. There are 41 residents on the day of the audit: 18 rest home and 23 hospital. All residents were on the age-related residential care (ARRC) contract. All rooms are dual purpose.</p> <p>The working practices at Ons Dorp Care Centre are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community. The communication policy addresses meeting requirements and communication between management, staff, residents and family/whānau.</p> <p>The general manager oversees the implementation of the business strategy, and quality plan, at Ons Dorp Care Centre (including the village residents). The general manager and clinical manager meet four-weekly with the Trust Board to discuss progress updates on various topics, including quality data analysis, escalated complaints, human resource matters, and occupancy. The general manager and clinical manager work closely together and are supported by experienced staff, an administrator, RNs, and HCAs, and provides clinical oversight of the service provision and that it aligns with the Ons Dorp Care Centre vision and values, as well as the relevant standards and legislation.</p> <p>Ons Dorp Care Centre has a business plan in place, which links to the vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Ons Dorp Care Centre business plan is reviewed annually.</p> <p>The general manager (interviewed) has been at Ons Dorp Care Centre for five years and has extensive business experience and understands their</p>

		<p>responsibility in the implementation of Health and Disability Services Standard. Further to this, the general manager explained their commitment to Te Tiriti o Waitangi obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Quality and Risk Management Plan. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>There is a seven-member Trust Board that has elected and professional members (a GP and a lawyer). The Board provides oversight of the Village and Care Centre. Members of the Trust Board and the general manager have relationships with Māori community groups to provide input as necessary and there are a number of residents, whānau and staff who are Māori. Te Whatu Ora – Waitemata also has a cultural advisor for support and training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. Clinical governance is provided to the Trust Board by the general practitioner and a retired RN who are Trust Board members. The Trust Board receives a report from the clinical manager all clinical key performance indicators.</p> <p>The clinical manager has completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</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>Ons Dorp Care Centre has a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented and the progress are reviewed, monitored, and evaluated at meetings.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education; with opportunities discussed to minimise risks that are identified. Meeting minutes reviewed evidenced quality data being discussed at staff/quality meetings. Quality data and trends captured in minutes are posted on a noticeboard. Internal audits were completed as per schedule and staff were</p>

	<p>informed of the outcome. Corrective action plans are identified, implemented and signed off when completed. Satisfaction surveys have been held as scheduled, results are collated, analysed and discussed with residents, family/whānau and staff. The previous shortfall HDSS:2008# 1.2.3.6 has been addressed.</p> <p>Ons Dorp Care Centre has adopted the quality system and policies developed by an aged care industry leader. It is the clinical manager's responsibility to provide document control. New policies and procedures reflect updates to the Ngā Paerewa Service Standard 2021 and are implemented when they become available. There are procedures to guide staff in the management of clinical and non-clinical emergencies. There are both printed and electronic suite of policies available to all staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. There have been no serious staff injuries in the last 12 months. Health and safety training begins at orientation and continues annually. Staff members are assessed on their competency regarding health and safety via a questionnaire, that they must complete annually.</p> <p>Each incident/accident is documented in hard copy. Neurological observations have been recorded for unwitnessed falls or falls where there has a potential for a head injury; a post fall assessment was completed. The previous shortfall HDSS:2008 #1.2.4.2 has been addressed. Family/whānau were updated following incidents as required (some rest home residents manage this for themselves). Incident and accident data is collated monthly and analysed. Benchmarking activities occur by doing comparisons between months. Results are discussed in the staff meetings and to the Trust Board.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Since the previous audit in 2022, 14 Section 31s have been completed when there have been occasions when the rostered RN has not been able to be on shift due to illness. However, on these occasions, an RN would be on site as the clinical manager would be there.</p>
--	---

<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The staffing policy describes rostering requirements. The service has had difficulty providing a RN on site occasionally (night shifts between February 2022 and October 2023) for hospital level care residents. It was noted that the service has mitigated the risk of this situation by having the clinical nurse manager (RN) onsite while there is no rostered RN on site.</p> <p>The RN and the majority of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The general manager and the clinical manager work full time from Monday to Friday. The director, general manager and the clinical manager provide out of hours advice and on call 24/7.</p> <p>Interviews with healthcare assistants, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed.</p> <p>There is an annual education and training schedule being implemented that exceeds eight hours annually. The education and training schedule lists compulsory training. There is an attendance register for each training session and an individual staff member record of training. External training opportunities for care staff include training through Te Whatu Ora-Waitemata, and hospice. Ons Dorp Care Centre also utilises online training portals; staff can access these on personal devices.</p> <p>All senior healthcare assistants, and RNs have current medication competencies. Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are a total of 27 healthcare assistants in the facility; 19 of whom have achieved a level three or higher NZQA qualification. All staff are required to complete competency assessments as part of their orientation. Healthcare assistants complete annual competencies, including (but not limited to): restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling. A record of completion is maintained on</p>

		<p>an electronic register.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Five RNs are interRAI trained. All RNs also attend external training, through webinars and zoom training where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. Each new staff member has an orientation/induction programme tailored for their role to provide relevant information for safe work practices.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. Annual performance appraisals were evidenced in staff files reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident clinical files were reviewed; two rest home and three hospital level care. The RNs complete an initial assessment and care plan on admission. Initial care plans for long-term residents reviewed were evaluated by the RNs within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident's electronic care plans. Interventions recorded in the long-term care plan to address medical and non-medical needs to guide staff in the care of residents. The care plans reviewed on the electronic management system were resident focused and individualised. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds and weight loss are recorded on short-term care plans as per policy. Care plans had been evaluated at least six-monthly or sooner if care needs change.</p>

	<p>Residents and family/whānau interviewed confirmed that they participate in the care planning process and review.</p> <p>The service contracts with the local medical service and the general practitioner (GP) four hours per week. The GP completes three-monthly reviews, admissions, and discusses residents of concern and provides on-call service during work hours. Out of hours on-call service is provided by the GP from a local medical service. The GP (interviewed) stated they are notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. There is a contracted podiatrist who visits six-weekly. The physiotherapist visits four hours a week, and completes residents' mobility assessments and provides staff education, including manual handling. They are supported by a physio assistant who works full time.</p> <p>Family/whānau interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review and if required a GP visit. Family/whānau are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes.</p> <p>Wound management policies and procedures are in place. Wound assessments, and wound management plans with photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. Wound records were reviewed for residents with current wounds. The wound clinical nurse specialist and the GP have input into chronic wound management. On the day of the audit, there were eight wounds, including skin tears, and three chronic wounds. Registered nurses and healthcare assistants receive training on wound management and pressure injury management. There were no residents with pressure injuries on the days of the audit.</p> <p>Registered nurses and healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources, as sighted during the audit. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual</p>
--	---

		<p>residents. Monitoring charts included (but not limited to) weights; neurological observations; vital signs; turning schedules; and fluid balance recordings. Incident reports reviewed evidenced timely clinical manager/RN follow up of all incidents. Neurological observations were completed as per policy for all unwitnessed falls.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. Healthcare assistants advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system, entered by the healthcare assistants, and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored securely. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent HCAs administer medications; all have completed medication competencies annually. Registered nurses have completed syringe driver training. All robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place to ensure residents are competent and there is safe storage of the medications. There was one resident self-administering medications on the day of the audit. Competencies and safe storage were implemented as per policy. All medication errors are reported and collated with quality data.</p> <p>The medication room temperature monitoring and recording has been completed. The fridge temperatures have been consistently monitored and recorded weekly. All eye drops sighted in the medication trolleys were dated on opening. No standing orders are used.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP have reviewed the medication charts three-monthly. As required – prn medications had prescribed indications for use and were administered appropriately, with outcomes documented on the electronic medication management system. Residents and family/whānau interviewed stated they are updated about medication changes, including the reason for</p>

		changing medications and side effects. There was evidence of this communication with residents and family/whānau in the clinical records.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service is outsourced, and it complies with current food safety legislation and guidelines. A current food control plan in place which expires on 1 January 2024. On admission, a nutritional profile is completed for residents, which identifies dietary requirements and likes and dislikes; a copy is provided to the kitchen. This is reviewed/updated six-monthly as part of the care plan review. Dietary preferences were noted on the kitchen noticeboard for kitchen staff to access at all times.</p> <p>The interviewed residents and family/whānau expressed satisfaction with food portions and the options available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with 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. Family/whānau were involved for all transfers, exits or discharges to and from the service, including being given options to access other health and disability services and social support, Te Whatu Ora – Waitemata or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 23 November 2023. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Hot water temperatures were monitored and recorded as part of the maintenance schedule and</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>were noted to be under 45 degrees Celsius.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control plan is reviewed annually. The reviewed plan links to the quality plan and is provided to the management team. The infection control and prevention policy states that the service is committed to the ongoing education of staff and residents. Training relevant to the service's requirements is included in the annual training plan and is part of staff orientation. Further to this, staff have completed in-services with associated competencies, including hand hygiene and the use of personal protective equipment. Education with residents takes place by staff as part of residents' daily cares. Family/whānau are kept informed and updated as required about relevant changes to the service's infection control and prevention processes and procedures.</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>Surveillance of healthcare-associated infections is appropriate for that recommended for long-term care facilities and is in line with priorities defined in the service's infection prevention and control programme. Infections are collated and analysed monthly with trends identified, and corrective actions implemented. Results of the surveillance data and benchmarking includes ethnicity data; results are shared with staff during shift handovers, staff meetings and reported to the quality and risk meetings, care centre committee and Trust Board. The infection prevention and control coordinator (at interview) confirmed that the GP is informed when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>There has been one Covid-19 outbreak reported in August 2022 since the previous audit, this was managed appropriately, with appropriate notifications completed.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Board demonstrate commitment to restraint elimination of restraint. There are policies documented around restraint minimisation. The RN is the restraint coordinator. Ons Dorp Care Centre has one resident using bedrails. There are procedures providing guidance and direction for the staff. The resident using restraint has been fully documented, including assessment, approval, monitoring, and quality review process.</p> <p>When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. Ons Dorp Care Centre has access to cultural advice and support through links within the staff and the community. Staff have had training in behaviours that challenge and de-escalation techniques.</p> <p>The use of restraint is reported at the quality and risk meeting which acts as the restraint approval group. Data is collated with quality data and is reported to the Trust Board.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.