

Elms Court Lifecare Limited - Elms Court Lifecare

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 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: Elms Court Lifecare Limited

Premises audited: Elms Court Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

Dates of audit: Start date: 30 October 2023 End date: 31 October 2023

Proposed changes to current services (if any): Since the last audit, the service has increased their total beds from 32 to 33 following bathroom renovations that have enabled the creation of another bedroom. There was a visual verification at the time of this audit to confirm that the new bedroom was suitable for hospital level of care. All 33 beds are dual purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 31

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

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

Key to the indicators

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

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

General overview of the audit

Elms Court Lifecare is a privately owned facility certified to provide rest home and hospital (geriatric and medical) levels of care for up to 33 residents. There were 31 residents on the day of audit.

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

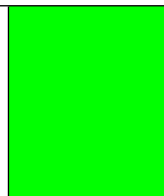
Since the last audit, the service has increased their total beds from 32 to 33. All 33 beds are dual purpose beds.

The facility/clinical manager has been in the role for two years and worked at Elms Court Lifecare for eight years. She is supported by an assistant manager, RNs and an experienced care team. There are implemented quality and risk systems and processes, and feedback from residents and family/whānau was positive about the care and the services provided.

This certification audit identified a shortfall around registered nurse shortages, medication management, and restraint monitoring.

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.

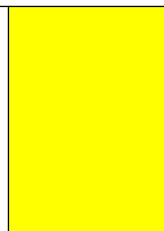


Subsections applicable to this service fully attained.

Elms Court Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service works to embrace, support, and encourage a te ao Māori of health and provide high-quality and effective services for residents. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The facility/clinical manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.



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

The 2023-2024 business plan includes a mission statement, values, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff.

Internal audits, meetings and collation of data that have been completed were well documented, with corrective actions as indicated. Hazards are identified with appropriate interventions implemented. A recruitment and orientation procedure is established. Care partners are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme for 2023 is being implemented. Careerforce training is encouraged for all care partners. 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The facility/clinical manager and assistant manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Te aro ki te tangata me te taiao haumaruru | 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.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are communal shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security lights are installed internally and externally throughout the facility.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been three Covid-19 outbreaks since the previous audit. Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.		Some subsections applicable to this service partially attained and of low risk.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	2	1	0	0
Criteria	0	177	0	2	1	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.</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 policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>The facility/clinical manager, assistant manager and their team committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. The service has a Māori cultural liaison consultant who has offered services as representative of Waihao marae. The Māori cultural liaison consultant has completed education in Māori studies and provides support and guidance for any Māori residents and staff. The service had no residents who identified as Māori at the time of the audit.</p> <p>Elms Court Lifecare is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff</p>

		<p>members. After imbedding initiatives provided by Māori staff members, the service has implemented the use of te reo Māori and tikanga Māori into everyday practice. Initiatives included culturally appropriate menu choices, welcoming processes for new residents and staff, recruitment of Māori staff through education, and embedding a culture of acceptance.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with ten residents (eight hospital, including six younger persons with disabilities [YPD] and two rest home), and four family/whānau (four hospital, including four related to YPD residents). The facility/clinical manager, assistant manager and eight staff interviewed (three care partners (caregivers), two registered nurses (RN), one activities coordinator, one housekeeper and one cook) described how service delivery in relation to their role is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Individual cultural beliefs are documented in each resident's care plan and activities plan. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has</p>

		links with the local Etu Pasifika health, wellbeing and whānau ora services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Elms Court Lifecare policies and procedures are being implemented that 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/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. 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. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received 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 training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff have completed training on advocacy services in 2023. The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	FA	<p>There are cultural safety policies in place and resources readily available on the electronic system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Care partners interviewed described how they arrange their shift to ensure</p>

<p>experiences.</p>		<p>they are flexible to meet each person's needs. Staff are trained around the Code of Rights at orientation and through regular in-services. The service recognises Māori mana motuhake, independence, and sovereignty, as evidenced in policy.</p> <p>Elms Court Lifecare delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2023 has included sexuality/intimacy; abuse and neglect; privacy/dignity; confidentiality; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is implemented.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Care partners and RNs interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2023 confirm that residents and families/whānau are treated with respect.</p> <p>The four younger residents interviewed by the consumer auditor stated they were treated with respect. All felt supported by staff to ensure their beliefs and identity are maintained.</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</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Elms Court Lifecare policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The management and staff are inclusive of all ethnicities and cultural days are completed to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2023. Staff are aware of how to</p>

<p>safe and protected from abuse.</p>		<p>value the older person by showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the facility/clinical manager, and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Three-monthly resident meetings are held, and meeting minutes reviewed identified feedback from residents and consequent follow up by the service. 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. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. This is also documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English; however, the service had communication strategies in place.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whanau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice, wound care specialist and Te Whatu Ora – Waitaha Canterbury specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The facility/clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>The consumer auditor interviews with younger residents and their family/whānau confirmed that they felt that they were listened to and that all information discussed contributed to the enhancement of the resident’s wellbeing.</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. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. General consents include use of social media. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on</p>

		file for residents where required.
<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 complaints procedure is provided to residents and families/whānau on entry to the service and is available in English and te reo Māori. The facility/clinical manager is responsible for maintaining the complaints register and manages all complaints. There have been two complaints received in 2023 year to date and one made in 2022. The complaints reviewed included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. Discussions with residents and family/whānau confirmed they are provided with information on complaints; with complaints forms and advocacy brochures being available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held three-monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management team and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures. Residents and family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The facility/clinical manager and RNs acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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</p>	FA	<p>Elms Court Lifecare is a privately owned facility certified to provide rest home and hospital (geriatric and medical) levels of care for up to 33 residents. At the time of the audit there were 31 residents. This included four residents at rest home level care and 27 residents at hospital level care, including one resident funded through a severe medical illness (SMI) contract; one resident on an end-of-life contract; and eight residents on the residential disabilities – physical (YPD) contract. There were no residents on respite care. All other residents were under the age-related residential care (ARRC) contract. All beds are certified as dual-purpose beds. There were no</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>double or shared rooms.</p> <p>Since the last audit, the service has increased their total beds from 32 to 33 following bathroom renovations that have enabled the creation of another bedroom. There was a visual verification at the time of this audit to confirm that the new bedroom was suitable for hospital level of care. All 33 beds are dual purpose beds.</p> <p>The facility is owned by a director who also has two other aged care facilities (Elms Court Rest Home and Elms Court Village) in the Christchurch area. The owner/director meets with the facility/clinical manager on a regular basis (monthly) to review operations and progress towards meeting the business objectives. Elms Court Lifecare is owned by a director who is experienced in the aged care sector and knowledgeable around the legislative and contractual requirements. Collaboration with the director, facility/clinical manager, Māori cultural liaison consultant, and staff who identify as Māori, reflect their input for the provision of equitable delivery of care and organisational operational policies.</p> <p>A business plan (2023-2024) is in place and was reviewed in July 2023 by the facility/clinical manager and owner/director. A mission, philosophy and objectives are documented for the service. The meetings provide an opportunity to review operations and to review progress towards meeting the business objectives. The facility/clinical manager and RN meet regularly to analyse the quality data and provides clinical oversight of the facility. The facility/clinical manager and director analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery.</p> <p>The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with the directors, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care. The owner/director and management team have demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies through attending a workshop training with New Zealand Aged Care</p>
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		<p>Association (NZACA).</p> <p>The facility/clinical manager is a registered nurse and has been in the role for two years and has worked at Elms Court Lifecare for eight years; she also has 13 years RN experience in aged care. The assistant manager has been in the role for one year and has worked at Elms Court Lifecare for 13 years. They are supported by RNs and an experienced care team. The facility/clinical manager meets regularly with the owner/director to facilitate the link between management and governance.</p> <p>The facility/clinical manager has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility, including attending external training and aged care seminars.</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>Elms Court Lifecare has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings and to the owner/director. The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements, action plans are developed when service shortfalls are identified, and these are monitored by the facility/clinical manager and reported to the director. Results are communicated to staff at the monthly staff/quality meetings and reflect actions being implemented and signed off when completed. Communication to staff is enhanced by daily briefings as well as handovers.</p> <p>Policies and procedures align with current good practice and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies, quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard</p>

		<p>2021 are processes that provide a critical analysis of practice to improve health equity. An annual resident and relative survey has been conducted in 2023, with positive results and comments relating to the care and services provided at Elms Court Lifecare. Corrective actions have been implemented around the laundry and food services.</p> <p>Health and safety policies are implemented and monitored through the three-monthly staff, quality improvement and clinical/RN meetings. Risk management, hazard control and emergency policies and procedures are in place. A health and safety representative (care partner) was interviewed about the health and safety programme. The hazard register has been updated annually.</p> <p>Incidents and accidents forms are completed for all adverse events. Results are collated, included in quality data, and discussed at all facility meetings. Staff have completed cultural training to ensure the service deliver high quality care for Māori.</p> <p>Discussions with the facility/clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed since the last audit in relation to RN shortages and a pressure injury. There have been three Covid-19 outbreaks (April and June 2022 and April 2023) since the last audit which were notified to Public Health in a timely manner.</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. 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. The roster provides sufficient and appropriate care partners coverage; however, there is not always sufficient RNs available to cover the night shifts. At the time this audit was undertaken, there was a significant national health workforce shortage. The facility/clinical manager works from Monday to Friday and the assistant manager works from Monday to Thursday. The facility/clinical manager is on-call 24/7. The RNs and care partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and management are supportive. Staff and residents are informed</p>

		<p>when there are changes to staffing levels, as evidenced in staff interviews. Interviews with staff, residents and family/whānau confirmed there are sufficient staff to meet the needs of residents.</p> <p>The 2023 annual education and training schedule is being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Education specific to the care of younger persons is part of the education schedule. Competencies are completed by staff, which are linked to the education and training programme. All care partners are required to complete annual competencies, including (but not limited to) restraint; hand hygiene; medications; correct use of personal protective equipment (PPE); and moving and handling. A record of completion is maintained. The service supports and encourages care partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 26 care partners, 12 have achieved a level 3 NZQA qualification or higher.</p> <p>The facility/clinical manager and RNs complete competencies for medication admin; wound management; insulin admin; restraint; syringe driver; and interRAI assessments. Five of the six RNs, including the facility/clinical manager, are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff meetings provide a forum to encourage collecting and sharing of Māori health information. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed report a positive supportive work environment.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files reviewed (one facility/clinical manager, assistant manager, one RN, four care partners and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, and police checking. All staff who have been employed for over one year are to have an annual appraisal completed. Completed orientation documentation and up-to-date appraisals were evident in</p>

<p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>the files reviewed. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and care partners to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following an incident/accident, there was evidence that care partners have the opportunity to be involved in a debrief discussion to receive support following incidents to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident paper-based files and the information associated with residents and staff are retained in hard copy, and electronically. The service utilises an electronic format for resident information, documentation, and data. Electronic information (eg, policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. 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>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility/clinical manager and assistant manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry 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. The facility has established links with a cultural advisor who has an affiliation with Waihao marae and has completed education in Māori studies works. The cultural advisor is able to consult on matters to benefit Māori individuals and whānau. Elms Court Lifecare is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities and different projects and programmes.</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</p>	<p>FA</p>	<p>Six files were reviewed for this audit: five hospital residents (including one resident on an end-of-life contract, one resident under severe mental illness funding, and two residents on younger persons with a disability contract) and one rest home resident. The</p>

<p>wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>facility/clinical manager and the RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (except for two recent admissions who had not been at the service for three weeks) had interRAI assessments completed in a timely manner to the detail reflective of the resident. The long-term care plan includes detailed interventions to guide care delivery. The care plan aligns with the service's model of person-centred care. Care plan evaluations were completed as needs changed and within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP provides on-call service for after hours and on the weekend. The facility/clinical manager is always available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at Elms Court. The GP was complimentary of the clinical assessment skills as well as quality of referrals received from the RNs after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care</p>
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	<p>plans. The service has contracted a physiotherapist for two hours a week who will visit more if requested, as well as a physiotherapy assistant twenty hours a week. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Care partners and RNs interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by care partners and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. Wound assessments, wound management plans, and photos were reviewed in resident files of previous wounds. There were no residents with wounds or pressure injuries on the day of audit. All staff interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Care partners and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p> <p>Short-term care plans were well utilised for issues and signed off when resolved for infections, weight loss, behaviours, bruises, and wounds.</p>
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<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 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>FA</p>	<p>There is one activities coordinator and a physio assistant that provide activities across six or seven days. They have current first aid certificates. The programme is supported by the care partners, minister for pastoral care and various church groups.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a monthly programme which is delivered to each resident and placed in large print on noticeboards in all areas.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, bilingual signages, monthly planner and culturally focused activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and technology-based activities are offered. There is a dedicated lounge where younger residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; cooking; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; library; art therapy; happy hour; and bingo. There are weekly or twice weekly van drives for outings, regular entertainers visiting the residents and interdenominational services. Village golf/skittle/target shooting competitions with two sister facilities are held monthly.</p> <p>There are resident meetings held quarterly with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly</p>
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		reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent care partners) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and care partners interviewed could describe their role regarding medication administration. Elms Court Lifecare currently packages medication for regular use in rolls and 'as required' medications in blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily. All records reviewed showed that the temperatures were within acceptable ranges; however, the room temperature was outside acceptable ranges on the day of audit. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening; however, not all eyedrops were discarded as per manufacturer's instructions. Nasal sprays in current use are stored in the medication trolley; however, not all of these were dated as required. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP. Controlled drugs are stored appropriately, and stock checked weekly by two medication competent RNs. The six-monthly controlled drug physical check and reconciliation has not been completed over the last 16 months.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted</p>

		<p>on the electronic medication chart. There were no residents self-medicating on the days of audit; however, there are policies and procedures documented should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent care partners or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The RNs and facility/clinical manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. The FM described how they work in partnership with residents to understand and access medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in February 2024. The four-weekly seasonal menu has been reviewed by a dietitian. The cook works full time Monday to Friday and is supported by a part-time cook and kitchen hands who work each morning and afternoon, alongside the chefs.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance to select their preferences and submit to the kitchen. Residents have access to nutritious snacks. On the day of</p>

		<p>audit, meals were observed to be well presented. Care partners interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room/rooms and residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The facility/clinical manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
Subsection 4.1: The facility	FA	The building holds a current warrant of fitness, which expires 1 June

<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>2024. A maintenance person addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in March 2023). Resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Medical equipment including (but not limited to) hoists and scales were checked and calibrated in March 2023.</p> <p>The building is a single level building with easy access to the garden. Gardeners are contracted to maintain gardens and grounds. There are external gardens and seating available with shade for residents. The facility has recently upgraded new furniture in the lounge and dining areas and also re-painted throughout the facility. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The care partners interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans.</p> <p>All resident rooms have hand basins. There are sufficient communal toilets and bathrooms (which have also been upgraded) to meet resident requirements and have appropriate signage and locks on the doors. Fixtures, fittings and flooring is appropriate. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. Residents were observed safely moving around the facility. There is a main large lounge and a smaller lounge available for quieter activities or visitors to use. There is a separate dining area adjacent to the kitchen.</p> <p>There was a visual verification at the time of this audit to confirm that the new bedroom was suitable for hospital level of care, including</p>
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		<p>sufficient room for the use of hospital equipment (i.e. hoists), hospital beds and wheelchairs.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in communal activities being held in one of these areas. General living areas are heated by large heat pumps and there is underfloor heating throughout the facility. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. The facility/clinical manager reported that when there is a planned development for the building, Māori cultural liaison consultant is involved in the consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</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/disaster management policies outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency/disaster management plan guide staff to complete a safe and timely evacuation of the facility in case of an emergency. The plan also considers the special needs of younger persons with disabilities in an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 9 January 2007. Fire evacuation drills are held six-monthly and was last one was completed on 19 September 2023. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is back-up power available and gas cooking (BBQ and portable gas cookers). There is adequate food supply available for each resident for minimum of seven days. There is an automated external defibrillator (AED) available in the nurses' station.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies (header tanks and bottled water) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation, and is included in the ongoing education plan. A</p>

		<p>minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance and throughout the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the facility/clinical manager and assistant manager, GP, RNs and quality team and infection control audits are conducted. Infection rates are presented at staff meetings and discussed at quality meetings. Infection control data is also reviewed by the facility/clinical manager and assistant manager and benchmarked internally, and externally against industry standards. Infection control is part of the strategic and quality plans.</p> <p>The owner/director receives copies of all meeting minutes and the facility/clinical manager reports on progress towards infection control quality and strategic plans. Meetings and discussions include infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) monthly, including any significant infection events. The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora - Waitaha Canterbury, Bug Control, and gerontology nurse specialist. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</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 facility/clinical manager (RN) oversees infection control and prevention across the service, with support from the RNs. The job description outlines the responsibility of the role. The service has a pandemic response plan (including Covid-19) included as part of the disaster management plan, which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Te Whatu Ora – Waitaha Canterbury infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and email and text messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, the private Facebook page updates,</p>

		<p>texts and emails. Posters regarding good infection control practice were displayed in English, te reo Māori, and other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products. The infection control coordinator and the owner/director would liaise with their external consultants should the design of any new building or significant change be proposed to the existing facility. This was evidenced on a recent bathroom renovation project where management liaised with consultants.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are antimicrobial policy and procedures are available to staff. The facility/ clinical manager and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the facility meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Elms Court Lifecare infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Infection control surveillance is discussed at staff, management, and quality meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator, and</p>

		<p>meeting minutes and graphs are displayed for staff.</p> <p>Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora - Waitaha Canterbury for any community concerns.</p> <p>There have been three Covid-19 outbreaks since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment, and cohorting of residents occurred to minimise risks. Family/whānau were kept informed by phone or email. Visiting was restricted. At the time of audit, staff were required to produce a negative rapid antigen test (RAT) if unwell with flu like symptoms. Residents are tested if symptomatic.</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 policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked room when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. All laundry is managed onsite by care partners and housekeeping staff. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The facility/clinical manager reviews internal audit results and manages any corrective actions identified. There is appropriate sluice and sanitiser equipment available, and the cleaner interviewed was knowledgeable around systems and processes</p>

		related to hygiene, and infection prevention and control.
<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>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an RN. There are five hospital level care residents listed on the restraint register as using a restraint. All five residents use a lap belt to provide safety when mobilising independently in their power chairs and all residents can either release the belts themselves or ask for assistance when required. One resident also uses bed rails to provide assistance with bed mobility and repositioning.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the three-monthly clinical, staff and quality meetings and to the owner/director via the facility/clinical manager. The resident and/or family member is consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Seclusion is not used at Elms Court Lifecare.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices,</p>	PA Low	<p>A restraint register is maintained by the restraint coordinator. The files of the three residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). All five residents were using restraint as a last resort and/or at their insistence. Written consent was obtained from each resident and/or their EPOA. No emergency restraints have been</p>

<p>implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>required.</p> <p>Monitoring forms are completed for each resident using restraint; however, not all have been completed as scheduled. Restraints are scheduled to be monitored two to three-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses Wairuatanga. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes after the first month of use and then six-monthly.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit goes through to the clinical, quality and staff meetings. The restraint coordinator meets RN's monthly and includes a review of restraint use, restraint incidents (should they occur), and education needs. Each resident utilising restraint has input into the review process. Restraint data including any incidents are reported as part of the restraint coordinator report to the facility/clinical manager and the owner/director. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	At the time this audit was undertaken, there was a significant national health workforce shortage. As per the ARRC contract with Te Whatu Ora – Waitaha Canterbury, a hospital level aged care facility is required to roster an RN on duty at all times. The service has been unable to provide an RN on site at times for hospital level care residents. The 14 shifts (August, September, and October 2023) not covered by RN’s are all covered by senior medication competent care partners. Additional cover is provided by the facility/clinical manager who lives close by and can be at the facility within minutes of contact. There are sufficient care staff rostered for all shifts.	Four nightshifts per week do not evidence an RN on duty; therefore, the service is unable to meet the requirements of the ARRC contract D17.4 a-i.	<p>Ensure an RN is rostered on all shifts to meet the requirements of the ARC contract D17.4 a-i.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management</p>	PA Moderate	Medications are safely stored in locked trolleys and in a locked medication room and eyedrops are	i). Three midazolam nasal sprays were not dated on	i). Ensure all midazolam sprays are

<p>system shall be implemented appropriate to the scope of the service.</p>		<p>dated on opening; however, not all medications are dated as required. There is a system in place for the monitoring of room temperatures; however, temperatures are recorded at night instead of during the heat of the day. Controlled drugs legislation requires six-monthly reconciliation; however, this was not evidenced over the previous 16 months. All medications are stored securely.</p>	<p>opening as per manufacturer instructions. ii). One eyedrop was in use past the recommended expiry date. iii). Room temperatures are recorded on night shift by the RN; however, the temperature was above 25 degrees when checked on the day of audit. iv). A six-monthly physical check and reconciliation of controlled drugs has not been implemented for over 16 months.</p>	<p>dated on opening. ii). Ensure eyedrops are discarded as per manufacturer instructions. iii). Ensure room temperatures are maintained below 25 degrees. iv). Ensure six-monthly physical checks and reconciliation of controlled drugs is completed six-monthly.</p> <p>60 days</p>
<p>Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>There are comprehensive policies around all aspects of restraint including assessments, approval, monitoring and reviews. All residents using restraint, use lap belts in powered wheelchairs to ensure safety while mobilising. The bed rails used by one resident promote a degree of independence to assist with bed motility. The restraint coordinator determines the frequency of monitoring. Care plans reflect the monitoring required; however, not all monitoring has been completed as directed.</p>	<p>Restraint monitoring had not been completed as scheduled for four of five residents using restraint.</p>	<p>Ensure monitoring of restraint occurs as per monitoring requirements.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.