

# Stone Bridge Limited - Christina's Rest Home

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## Introduction

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

The audit has been conducted by The DAA Group Limited, 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:

<b>Legal entity:</b>	Stone Bridge Limited
<b>Premises audited:</b>	Christina's Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 December 2023    End date: 13 December 2023
<b>Proposed changes to current services (if any):</b>	Proposed sale of Christina's Rest Home to Stone Bridge Limited.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	19

# Executive summary of the audit

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## Introduction

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

- ō 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.

## General overview of the audit

Christina's Rest Home (Christina's) provides age related rest home services for up to 21 residents. The facility is owned and operated by Tony and Cora Noblejas Limited, one of the directors is actively involved in the service as its managing director.

This provisional audit was conducted in anticipation of a sale of the facility to Stone Bridge Limited. It included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, the manager, staff, allied health providers (a community psychiatric nurse) and a general practitioner. The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines.

A representative from the proposed purchaser (the director of Stone Bridge Limited) was present throughout the audit. The proposed new provider is not currently providing aged care services; there is a transition plan in place to manage the service which includes registered nurse support. The sale of the business is expected to occur in February 2024.

The audit identified that improvements are required in relation to the establishment of formal relationships with Māori and in human resource management practices. A finding from the previous audit (25-26 January 2023) in relation to medication management has been addressed but a second finding in relation to the facility environment remains outstanding.

## **Ō tātou motika | Our rights**

Christina's Rest Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There were health plans in place that encapsulated care specifically directed at Māori and Pasifika.

There were Māori residents in the service at the time of audit but no staff who identified as Māori. Māori residents were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and whānau interviewed.

There were a number of Pasifika residents and staff at Christina's Rest Home at the time of the audit. Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe. Residents and whānau interviewed confirmed that care is provided in a way that meets their needs.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their whānau were kept well informed.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Processes were in place to ensure complaints were resolved promptly and effectively in collaboration with all parties involved.

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. The facility manager is suitably experienced in governance and management, and has completed education in cultural awareness, Te Tiriti o Waitangi and health equity as has the prospective provider.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are suitably skilled and experienced and are orientated and managed using current good practice. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

A transition plan is in place to transfer the facility to the prospective provider.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

When residents were admitted to Christina's Rest Home, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and tested as required. External areas were accessible, safe, and provide shade.

Staff had been trained in emergency procedures, use of emergency equipment and supplies, and attended regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements. Security is maintained.

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

The nurse manager is the owner of the facility and acted as infection control nurse; the nurse manager is an experienced and trained infection control nurse who led the programme and was engaged in procurement processes. Christina's Rest Home ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. It was adequately resourced.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Christina's Rest Home had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

Waste and hazardous substances were managed. There were safe and effective laundry services in place.

## **Here taratahi | Restraint and seclusion**

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## 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	24	0	3	0	0	0
Criteria	0	166	0	3	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>Christina’s Rest Home (Christina’s) provides an environment that supports residents’ rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care (Te Whare Tapa Whā) to guide culturally safe services.</p> <p>Christina’s does not yet have partnerships with local Māori to support Māori in the service (refer criterion 3.1.5) but it does have policy and procedures in place to support and encourage a Māori world view of health in their service delivery. Policy and procedures are externally sourced and have had the input from tāngata whenua. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by Māori residents and their whānau interviewed.</p> <p>Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were currently no staff who</p>



		identified as Māori in the service, but Māori have been employed in the service previously.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Christina's has a Pacific Health Plan in place, developed with input from cultural advisers, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Fonofale) to guide culturally safe services. There were residents who identified as Pasifika in the facility during the audit. Interviews with Pasifika residents and their whānau confirmed that services were being delivered in a way that met their needs. Christina's has access to local Pasifika communities through local ministers and ministries, and through its staff.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were a number of staff who identified as Pasifika in the service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on posters in te reo Māori, English, and New Zealand Sign Language (NZSL) around the facility. Brochures were available in the entranceway as was a poster, in large print, on the availability of the Nationwide Health and Disability Advocacy Service. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the advocacy service and were seen supporting residents at Christina's in accordance with their wishes. Interviews</p>

		<p>with two whānau who visit regularly, confirmed staff were respectful and considerate of residents' rights.</p> <p>Christina's had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Christina's also had access to interpreter services and cultural advisors/advocates if required.</p> <p>Relationships had been established with the local ministers and ministries, and requests initiated to establish relationships with Māori through Te Ahiwaru Trust (formerly the Makaurau Marae Māori Trust) and Te Oranga Kaumātua Kuia Disability Support Services Trust (refer criterion 3.5.1). The whānau of residents assisted the facility's nurse manager (NM) to ensure equitable service for Māori and Pasifika were provided. Christina's recognised mana motuhake.</p> <p>The prospective provider understood their responsibilities in relation to consumer rights and will maintain the current policies and procedures in place to support this.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Christina's supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted. All staff working at Christina's were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori. There was te reo Māori signage around the facility. Residents and whānau who identified as Māori offered assistance and there was an option for staff to attend training courses in te reo Māori. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and</p>

		<p>maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Christina's responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity, and inclusion included training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct. Employment practices at Christina's did not, however, consistently include reference checking and police vetting (refer criterion 2.4.1).</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health was promoted at Christina's. The model encompassed an individualised approach that ensured the best outcomes for all. Five residents and four whānau members interviewed expressed satisfaction with the services provided at Christina's. An interview with a member of a community specialist psychiatric team, who visits Christina's frequently, described how highly the service recognised the care provided by Christina's team.</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</p>	FA	<p>Residents and whānau at Christina's reported that communication was open and effective, and that they felt listened to. Information was provided in an easy-to-understand format, in English, te reo</p>

<p>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>Māori, Tongan and Samoan. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. The NM was available to residents and their whānau daily and was actively involved in providing residents with care and support. Evidence was sighted of residents communicating with all staff, including the NM. Regular contacts also occur with family/whānau by emails and telephone calls. Residents whānau and staff reported that the NM responded promptly to any suggestions or concerns. A notification on the notice board advised when events or celebrations will be held next.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</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>Residents at Christina's and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff (nine) who identified as Pasifika assisted other staff to support Pasifika residents' cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Advocacy and complaints information was available in English, te reo Māori, Tongan, and Samoan. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been no formal complaints received since the last audit; however, one minor verbal complaint that had been tendered showed that the complaint had been addressed in a timely manner and that the complainant had been informed of the outcome of their complaint. There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There had been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Policies and procedures are sourced from an external contractor to ensure compliance with cultural, legislative, contractual, and regulatory requirements. The NM of the service (who is an owner of the service) has undertaken two e-learning education courses on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora. The prospective provider has also completed the Manatū Hauora e-learning courses as part of their sale preparation.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, bilingual signage and information in other languages for the Code of Rights, complaints, advocacy, and</p>

	<p>infection prevention and control). Christina's promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika.</p> <p>Christina's has a business plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business, quality, and in staff training plans. Ethnicity data is being collected to support equity.</p> <p>Governance commits to quality and risk via policy, processes and through feedback mechanisms. Clinical governance is appropriate to the size and complexity of the service. The NM at Christina's is an RN with significant aged-care experience. The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The NM is supported by another registered nurse.</p> <p>The facility will be under the prospective purchaser's governance from the date of settlement. The prospective purchaser is a privately listed company which consists of one director who will be the facility's manager following the purchase. The manager role will be assisted by the current NM and facility RN, both of whom have agreed to remain in place for a period of time (at least three months for the NM and possibly longer for the RN) from the handover date.</p> <p>Internal quality data collection (eg, adverse events, complaints, infections, antibiotic use, internal audits, and restraint use) are aggregated and corrective action completed where deficits are identified. A sample of monthly and annual reports showed adequate information to monitor performance is reported.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings through the activities programme. The service responds to feedback from meetings and corrective actions are initiated where this is required. Satisfaction surveys are in place for residents and whānau; these are conducted after six weeks of admission and then annually. Meeting and surveys showed a high level of satisfaction with the services provided and this was confirmed by residents and</p>
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		<p>whānau at interview.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Auckland) for the provision of age-related residential rest home care, short-term residential care (respite), long-term support-chronic health conditions (LTS-CHC), and with Whaikaha for young person disabled (YPD). Nineteen residents were receiving services during the audit; seventeen under the rest home contract, one each under the respite and LTS-CHC contract respectively. No residents were receiving services under the YPD contract. One resident in the facility was receiving hospital level care (refer subsection 3.2).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The NM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The NM is committed to quality and risk via its quality and risk management plan, and through policy.</p> <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of adverse events/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. Relevant corrective actions are developed and implemented to address any shortfalls. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. Quality data is communicated and discussed, and this was confirmed by staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>There are no legislative compliance issues for the prospective</p>

		<p>provider to be aware of. The NM understood essential notification reporting requirements but there have been no section 31 notifications completed in the last 12 months.</p> <p>A transition plan is in place to transfer the facility to the prospective provider. The current NM and RN will remain in place following the handover for a period of at least three months (with the ability for this to be extended by agreement). The prospective owner will work as the manager of the facility with RN support. The RN will oversee clinical requirements for the service. There is no intention to make major changes to the current service or its staffing following the transition beyond migrating the paper-based medication management system to an electronic medication management system and evaluation of the current facility (environment, equipment, and stock). A later goal is to migrate the facility to an appropriate electronic resident management system.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The prospective provider has advised that there was no intention to change the staff provision and all current staff will be offered employment by the new entity.</p> <p>Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported responsive care and attention. At least one staff member on duty has a current first aid certificate. Position descriptions reflected the role of the respective position and expected behaviours and values.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Auckland.</p>



		<p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement and through staff education.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These are adhered to with the exception of reference checking and police vetting (refer criterion 2.4.1).</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (general practitioners (GPs), pharmacists, physiotherapist, podiatrist, and a dietitian).</p> <p>A sample of six staff records were reviewed. These evidenced implementation of the recruitment process (except as noted above), the provision of employment contracts, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard and is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation dependent on vacancies and applicants. Ethnicity data is recorded and used in</p>

		<p>line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Christina's maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was paper-based with any information held electronically being username and password protected. Information was held securely and only available to authorised users.</p> <p>Residents' files were integrated hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Christina's is not responsible for the National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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</p>	PA Low	<p>Residents were welcomed into Christina's when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Christina's provided and when they had chosen Christina's to provide the services they require.</p> <p>Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Christina's collected ethnicity data on entry and decline rates. This included specific data</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>for entry and decline rates for Māori. If a resident was to be declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Christina's had attempted to establish contacts with the Te Ahiwaru Trust and Te Oranga Kaumātua Kuia Support Services Trust to benefit Māori individuals and their whānau. This, however, had not been formerly established at the time of audit, and the facility was unaware of any available support for Māori in the service, or for access to Māori health practitioners and traditional healers (refer criterion 3.1.6). If required, the facility would request the support of whānau until other supports could be established.</p> <p>When admitted, residents had a choice over who would oversee their medical requirements. All residents at the time chose the main medical provider to Christina's, although residents were able to request another provider to manage their medical needs if desired.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Christina's worked in partnership with the resident and their whānau to support the resident's wellbeing. Seven residents' files were reviewed. These files included residents who had had an acute event requiring transfer to an acute facility, a resident with a wound, a resident with behaviours that challenge, residents with insulin dependent diabetes, residents who identified as Māori, residents who identified as Pasifika, and residents receiving respite care.</p> <p>Seven files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. A review of records identified Christina's had no pressure injuries and no chronic long-term wounds.</p> <p>Residents were observed to be well cared for. Residents admitted</p>

		<p>with a number of complex behaviours were successfully managed by using behaviour management strategies rather than pro re nata (PRN) medications. There had not been any failed admissions regarding residents with complex behaviours. This was verified by observation, documentation and interviews with a specialist community psychiatric team member who supported a number of residents at Christina's.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Christina's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori, Pasifika and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and 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>	FA	<p>The activities assistant (AC) at Christina's provided an activities programme every morning that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. The more able residents were enabled to attend community activities of their choice and participate in activities that were of interest to them. When residents required a review by the GP and they were able to go to the surgery, the NM escorted them to enable the normalisation of the activity and some community interaction. The activities assistant was not available on the days of audit, and unable to be interviewed. An entertainer provided entertainment on the first day, with a caregiver managing the 'Housie' session on day two. The residents were observed to be</p>

		<p>highly interactive and enjoying the game. An interview with a visiting service provider referred to the frequent Pasifika singing, dancing and karaoke sessions that are seen at Christina's. Pasifika residents had decorated an outdoor gazebo to resemble a fale. The facility does not own a van; however, monthly outings occur using the local taxi van service.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated, with signage around the facility, the celebration of Matariki, and the upcoming plans to celebrate Waitangi Day.</p> <p>Residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs; however, one resident suggested more activities would be nice. The NM was informed of this request.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using a manual system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>A previous audit in January 2023 identified a corrective action was required regarding a dedicated medicines fridge not being available; medicines were being stored in an unsecured food fridge in the kitchen. However, on the second day of that audit, the service provider placed a locked box with medication inside the kitchen fridge. In addition to this the staff who were administering medication were observed leaving medications unattended during the medication round and not checking the medication chart before administering medication but signing the medication signing chart after being administered. These areas have been addressed. A</p>

		<p>dedicated medication fridge had been purchased and is used to store medications. Observation of a medication round identified the process in place did not leave medication unattended during the medication round, and medication being administered was checked against the medication chart before administering and signed for.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded in the medical notes. Standing orders were not used at Christina's.</p> <p>There were no residents at Christina's on the day of audit who self-administered medications; however, systems were in place to enable self-administration of medication safely if requested. All residents were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Specific support, advice, and treatment for Māori by traditional practitioners was not yet available at Christina's (refer criterion 3.1.5).</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>The food service provided at Christina's was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 15 September 2022. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Christina's on 11 April 2023. Three recommendations were made, and these have been addressed. The plan was verified for 18 months. The plan is due for re-audit on 15 October 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and</p>

		<p>modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, and meal satisfaction audits. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>The menu enables opportunity for Māori and Pasifika residents to have access to culturally specific meal options.</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>Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. Interviews and documentation of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout.</p>	PA Low	<p>The building has a building warrant of fitness which expires on 16 March 2024. There are currently no plans for further building projects requiring consultation, but the manager of the facility, and the prospective manager, were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>Observation of the facility evidenced that, while the facility was homely, the building is in need of repair and/or refurbishment. This was a finding at the previous audit and, while some areas have been addressed, there is still work to do (refer criterion 4.1.1).</p>

<p>The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>		<p>Planned maintenance includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits.</p> <p>The environment was accessible. Corridors have handrails promoting independence and safe mobility although one of these was loose (refer criterion 4.1.1). Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and there is a space available for use for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. There are external areas for leisure activities with appropriate seating and shade.</p> <p>Residents’ rooms are appropriate for their purpose. Rooms are personalised according to the resident’s preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility which can be adjusted depending on seasonality and outside temperature; some of the heaters were showing signs of significant wear (refer criterion 4.1.1).</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. A fire evacuation trial was last completed on the 23 June 2023. The fire evacuation plan was approved by the New Zealand Fire Service on 11 September 1998. The facility is sprinklered and has wired smoke alarms in place. Also in place are fire appliances which were checked in November 2023. Adequate</p>



		<p>supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Alternative energy and utility resources are available should the main supplies fail. A civil defence emergency management plan is clear about the responsibilities of staff in the event of a civil defence emergency.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>With the exception of one staff member, all staff had current first aid certification, there was a first aid certified staff member on duty 24/7 on the rosters sighted. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing name badges and uniforms during the audit.</p> <p>Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Christina's Rest Home has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent staff who make sure that IP and AMS are being appropriately managed at the facility level. Access to IP and AMS support expertise is through the facility's GP, Te Whatu Ora Auckland, or Regional Public Health. Infection prevention and AMS information is reported on monthly and discussed with staff at staff meetings. Christina's Rest Home collects data on infections and antibiotic use across ethnicity to support equity in IP and AMS programmes.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The infection control nurse (ICN) at Christina's is the NM and they were responsible for overseeing and implementing the IP and AMS.</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.  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.  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>The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported annually. The ICN had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were provided by an external advisory company. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used.</p> <p>Cultural advice at Christina’s was accessed through the whānau of residents who identified as Māori. Whānau members of residents who identified as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori are accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials</p>	<p>FA</p>	<p>Christina’s has a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the owners of the facility. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Christina's undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the IC programme. Christina's used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and shared with staff. Surveillance data includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment (refer criterion 4.1.1) supported the prevention of infection and transmission of antimicrobial-resistant organisms at Christina's. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluicing facilities were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. The ICN has oversight of facility testing and the monitoring programme for the facility.</p> <p>All laundry was laundered on-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear</p>

		<p>separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean (refer criterion 4.1.1) and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well and reported that the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service; restraint has never been used in the service. At the time of audit, no residents were noted to be using a restraint. If restraint were to be used to promote safety, it would be used as a last resort when all alternatives have been explored. Restraint data (nil) is reported in monthly reports and to the staff at staff meetings. The restraint coordinator is the owner of the facility therefore no governance reporting is required.</p> <p>Policies and procedures are in place and meet the requirements of the standards. The restraint coordinator is a defined role, undertaken by the NM, providing support and oversight for restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group (the NM and RN) would be responsible for the approval of the use of restraints and restraint processes should these be required. There are clear lines of accountability, all restraints have to be approved, and the overall use of restraint then</p>

		<p>monitored and analysed. Processes require that whānau/EPOA are involved in decision-making.</p> <p>The prospective provider also supports a restraint-free environment and reports that they will maintain the policies and processes in place to alleviate the need for the use of restraint.</p> <p>Given no restraint is being used in the facility, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	The recruitment process is adhered to with the exception of reference checking and police vetting (which gives a record of criminal offending). Policies in place require reference checking and advise that police vetting may be conducted; however, police vetting is best practice as a security measure when there are staff caring for a vulnerable population. The NM agreed that police vetting would be best practice and that the service is registered to do this. Six staff files were examined. Five from the six files had no references taken and police vetting had been completed in one.	Not all staff have had references checked during their recruitment to the service as required by policy. No staff have been police vetted as per best practice.	<p>Provide evidence that reference checks and police vetting have been completed for staff recruited into the service.</p> <p>180 days</p>
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers</p>	PA Low	Interviews and documentation verified Christina's had attempted to establish contacts with the Te Ahiwaru Trust and Te	Christina's had not developed any meaningful partnerships with Māori	Provide evidence meaningful partnerships with Māori communities

<p>shall:  (a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;  (b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>		<p>Oranga Kaumātua Kuia Support Services Trust to benefit Māori individuals and their whānau. This however had not been formerly established at the time of audit and the facility was unaware of any available support from Māori health practitioners and traditional healers. Support from whānau would be requested if needed until further supports had been established.</p>	<p>communities or organisations to benefit Māori and whānau at the time of audit.</p>	<p>and organisations to benefit Māori and whānau have been established.</p> <p>180 days</p>
<p>Criterion 4.1.1  Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>The business and maintenance plan for 2022/2023 has a plan to redecorate the interior of the building and this requirement was highlighted during the last audit (25-26 January 2023). Some of the items noted at the last audit had been addressed:</p> <ol style="list-style-type: none"> <li>1. The stairs leading outside from the laundry which were rotted with one step has falling away have been repaired.</li> <li>2. The uneven and broken concrete footpaths along the back of the property have been addressed.</li> <li>3. The underneath of a handrail in a shower which was rusted has been replaced.</li> <li>4. A box holding a fire hose which was extensively rusted has been addressed.</li> <li>5. One shower area had been re-lined.</li> </ol> <p>Other areas have not yet been addressed and significant refurbishment is still required across the facility; the following were specifically observed at the time of audit:</p>	<p>Observations confirmed that the facility was not being internally maintained to the required standard. There is a need for significant refurbishment and some cleaning across the facility.</p>	<p>Provide evidence that a refurbishment and cleaning programme has been implemented to improve the internal maintenance and cleaning in the facility.</p> <p>180 days</p>

		<p>1. The entire interior and all internal rooms of the building are in need of refurbishing, maintenance, or replacement. There are stains, picture hook holes, and markings on walls, in some areas wallpaper was ripped and/or peeling.</p> <p>2. The electric wall heaters in the corridors were observed to be in a poor state of repair, some had rust painted over and some did not appear to be well secured to the wall.</p> <p>3. Some bedrooms still had carpet that needs replacing and some of the rooms had curtains that had come off the tracks.</p> <p>4. While one shower area had been re-lined, the other shower areas were showing differing states of wear and tear but all required mitigation of degradation around the wall area the near the shower base. Shower fans require a thorough cleaning.</p> <p>The owner/manager is aware of the issues and has added these to the hazard register. The prospective owner was present in the facility when the requirements were noted. Residents and whānau interviewed have no concerns with the environment and at the time of audit the facility smelt clean with monthly reports showing very low infection rates.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.