

# Wimbledon Care Limited - San Michele Home & Hospital

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Wimbledon Care Limited
<b>Premises audited:</b>	San Michele Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 30 November 2023      End date: 1 December 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	24

# 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.

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

San Michele Home & Hospital provides hospital (geriatric and medical), and rest home care for up to 29 residents. At the time of the audit there were 24 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Waikato. The audit process included the review of policies and procedures, the review of resident and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The facility manager is supported by a clinical nurse manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed nine of the eleven previous audit shortfalls relating to complaint management; quality/management meetings; human resource management; employment practices; orientation, training, and appraisals processes; the environment; the infection control programme and laundry processes . There continues to be improvements required around medication management and neurological observations.

This surveillance audit identified further areas for improvement related to registered nurse staffing, internal audits, incident management, medication documentation and practice, and infection surveillance.

## 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.
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There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

San Michele demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed.

## 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 medium or high risk and/or unattained and of low risk.
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San Michele has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The 2023-2024 business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of residents' needs, outcomes, and goals with the resident and family input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements are identified at admission. There is a current food control plan.

## 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. All equipment has been tested, tagged, or calibrated.

## 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.

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

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There had been one outbreak recorded and reported on since the last audit.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The facility is committed to the elimination of restraint use. Annual education takes place and staff have completed restraint competencies. On the day of audit, the service had no residents using restraint.

## 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	14	0	2	2	1	0
Criteria	0	47	0	3	3	2	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	A Māori health plan is documented for the service, which San Michele utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were Māori staff and residents who confirmed in interview that mana motuhake is recognised.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	The Ola Manuia Pacific Health and Action Plan is the chosen model for the Pacific health plan and Mana Tiriti Framework. At the time of the audit there were Pasifika staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at San Michele.

<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) is displayed in English and te reo Māori. The facility manager (interviewed) demonstrated how this information is also provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>San Michele's policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at San Michele are trained in, and aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff interviewed (four caregivers, registered nurse, cook, housekeeper) demonstrated an understanding of professional boundaries.</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</p>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with two family (one rest home, and one hospital), and four residents (two hospital and two rest home) confirmed their choices regarding decisions and their wellbeing is respected. Consent forms were appropriately signed in the resident files reviewed.</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to management or registered nurse who is based at reception. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been no complaints made in 2022, and two in 2023 year to date following the previous audit in August 2022. There have been no external complaints. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. This is an improvement upon the previous audit, and the partial attainment relating to 1.8.3 has been satisfied.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</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>FA</p>	<p>San Michele Home &amp; Hospital is located in Te Awamutu. San Michele provides care for up to 29 residents at hospital (geriatric and medical), and rest home level care. The service has 22 dedicated hospital, and seven dedicated rest home beds. On the day of the audit there were 24</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>residents in total: seven rest home, including one respite (rest and recuperation contract), and 14 hospital level residents. All residents other than the respite were under the age-related residential care (ARRC) agreement.</p> <p>San Michele Home &amp; Hospital is the trading name of Wimbledon Care Limited - a privately owned company with two directors (one of whom is the facility manager). San Michele Home &amp; Hospital has a well-established organisational structure, including a clinical nurse manager who provides guidance to the directors and clinical governance that is appropriate to the size and complexity of the organisation. The two directors were knowledgeable around the legislative and contractual requirements. A business plan and a quality and risk management plan are in place. The business plan identifies scope, direction, and goals of the service. The two directors maintain at least weekly contact with the clinical nurse manager. San Michele's current business plan identifies annual goals and measures such. The structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Collaboration with 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.</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</p>	<p>PA Moderate</p>	<p>San Michele has a documented quality and risk management programme in place. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly combined staff meetings, and monthly management meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. The service has taken on board the learnings from the previous audit and these improvements are evident in the meeting minutes reviewed. The partial attainment identified at the previous audit relating to 2.2.1 has been resolved. Meetings, and collation of data were documented as taking place;</p>

<p>and support workers.</p>		<p>however, internal audits were not always signed off as completed. Corrective actions (where indicated) to address service improvements, evidence of progress, and sign off when achieved and were not consistently documented. Quality data and trends in data are available to staff in a folder in the nurses' station.</p> <p>The resident/relative satisfaction survey completed in August 2023, and separate food satisfaction survey resulted in a corrective action, and subsequent change to the tea meal.</p> <p>San Michele has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed in hard copy, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via memos.</p> <p>Hard copy forms are completed for each incident/accident, with space to document any follow-up action(s) required; however, as evidenced in 10 accident/incident forms reviewed incident forms are not fully completed/signed off and relatives have not always been informed of the incident.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of pressure injuries, and registered nurse shortages. There was one previous Covid-19 outbreak in November 2022 that had been notified to public health.</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</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (PM and night shifts) for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>It was noted that the service has attempted to mitigate the risk of this</p>

<p>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>situation by utilising a senior caregiver acting as night shift duty lead on site when this occurs. The clinical nurse manager provides on-call clinical support in this scenario. The registered nurses, enrolled nurse, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Role specific education i.e. food safety, and infection control have been completed. The partial attainment identified at the previous audit relating to 2.3.2 has been resolved. Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint minimisation, cultural safety, and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 15 caregivers, of whom, eight have achieved NZQA level 3 or above.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Two RNs (including the clinical nurse manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</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</p>	<p>FA</p>	<p>Six staff files reviewed included evidence of completed orientation, police checks, references, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The partial attainments identified at the previous audit relating to 2.4.1 and</p>

<p>capacity and capability to deliver health care that meets the needs of Māori. 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>2.4.4 have been fully attained.</p> <p>The service has an 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 caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. All staff employed for 12 months or more have a current annual appraisal on file.</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>PA Moderate</p>	<p>Five resident files were reviewed, two rest home( including one respite) and three hospital level. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>The plans reviewed contained detailed interventions relating to residents' health needs and identified changes to the resident's care through the ongoing assessment and review process. This is an improvement on the previous audit, and the partial attainment relating to 3.2.5 has been partially satisfied.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP provides once weekly visits and provides out of hours cover. Specialist referrals are initiated as needed. The facility utilises a physiotherapist as required, and a podiatrist visits regularly. There is a contracted dietitian, and the wound</p>

		<p>care specialist nurse is available as required through Te Whatu Ora-Waikato.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by caregivers. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their family were being met. When a resident's condition alters, the clinical nurse manager/ RNs review the resident, or there is a review initiated with the GP. Family were notified of changes to health including infections, GP visits, medication changes, and changes to health status; however, this was not the case for all accidents and incidents (link 2.2.4).</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. The service has five residents with a pressure injury (four with stage 1, and one with stage 2). The wound nurse specialist had documented input into chronic wound management. This is an improvement since the previous audit (3.2.5). Wound dressings were being changed appropriately and a wound register is maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and the RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are required to be completed for unwitnessed falls, or where there is a head injury; however not all neurological observations had been completed according to schedule, this is an ongoing shortfall.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>PA High</p>	<p>There are policies documented around safe medicine management that meet legislative requirements. The facility uses robotic sachet packs and an electronic medication management system (MediMap).</p>

<p>and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  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>All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>The RN's, EN, and medication competent caregivers who administer medications have annual medication competencies and annual education around safe medication practices.</p> <p>A medication round with the registered nurse was observed, in which the RN was observed to have pre-dispensed the medications from the blister packs into pottles in the medication room; the medication chart was signed off as administered in the medication room prior to administration; medications were left with residents to take later (this included a controlled medication).</p> <p>The controlled medication was signed out by the RN and a caregiver in the register; however, they then signed as administered on the medication management system in the medication room, and the RN then took the medication to the resident alone (and was observed to leave it with the resident). There were no regular checks of controlled medications documented in the register.</p> <p>Medications were stored in a medication room and trolley; however, both were unlocked during audit, with the medication door left open, and medications (including returns to pharmacy) left unattended on a bench within the open room. Oxygen cylinders were not secured safely within the medication room. The medication fridge and medication room temperatures have been monitored daily and the temperatures were within acceptable ranges; however, temperatures had not been checked at all in the two weeks prior to audit. The partial attainment at the previous audit related to 3.4.1 remains ongoing. All eyedrops in use have been dated on opening.</p> <p>Eleven electronic medication charts were reviewed, with the sample extended from ten in order to observe the administration of a controlled medication. The medication charts reviewed identified that medication charts had been reviewed at least three-monthly, have photo identification and a space for allergy status to be identified. Four of the eleven charts reviewed did not have the allergy status completed.</p> <p>No standing orders are used, and there were no residents self-administering medication: however, the service does have robust policies and processes to ensure safe management of self-</p>
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		administration should this be required. Staff interviewed could accurately describe these measures, including the need for safe storage.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs. Food preferences, dietary needs intolerances and allergies are all assessed and documented. The food control plan expires 1 August 2024.
<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	There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family and other service providers to ensure continuity of care.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	The buildings, plant, and equipment are fit for use and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 17 June 2024. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot water temperatures are tested regularly, with corrective actions carried out for any temperatures outside the accepted range. Essential services are on call 24 hours a day. The environment is

<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>inclusive of peoples' cultures and supports cultural practices.</p> <p>The areas reviewed were uncluttered, the facility was in a good state of repair, carpets were clean, outdoor areas were being maintained, the laundry had a defined dirty to clean flow, and there were no issues with water drainage apparent. The partial attainment identified at the previous audit related to 4.1.2 has been satisfied.</p> <p>There are five double rooms with sufficient space for dual occupancy, with privacy curtains fitted. Rooms previously utilised for three residents have been repurposed for dual occupancy only, allowing adequate space for residents with mobility aids to move around freely and the use of a hoist be possible without moving beds. The partial attainment identified at the previous audit related to 4.1.5 has been satisfied.</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. 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>FA</p>	<p>There is an infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This has been developed with input from experienced registered nurses who have completed infection control training. This links to the overarching quality programme and is reviewed, evaluated, and reported on annually. The partial attainment identified at the previous audit related to 5.2.2 has been satisfied.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-</p>	<p>PA Low</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the management and Directors. Monthly infection control data is presented and discussed at the monthly combined staff meetings, and to the Board via monthly management meetings.</p>

<p>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>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register. Surveillance of all infections (including organisms) are monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs internally.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one Covid-19 outbreak since the previous audit. This was well documented, managed, and reported to public health.</p> <p>The service plans to capture ethnicity data and incorporate this into surveillance methods and data captured around infections; however, this does not currently happen.</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 is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. The housekeeper interviewed (while doing laundry) could demonstrate the correct procedure for collecting and handling laundry in line with policy. There were observed to wearing correct personal protective equipment (PPE) during these processes. The partial attainment identified at the previous audit related to 5.5.4 has been resolved.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>San Michele is committed to the elimination of restraint use and this is actively monitored by the clinical nurse manager. There are currently</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>no restraints in use. Restraint use (if any) would be reported to the Board monthly.</p> <p>The designated restraint coordinator is the clinical nurse manager who ensures staff have annual training around least restrictive practices, safe use of restraint, alternative cultural-specific interventions, and de-escalation techniques. Restraint is also part of the orientation package. Staff complete annual restraint competencies.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	There is a documented quality system and evidence that internal audits are being completed as per the schedule; however, the quality system is not being consistently followed regarding sign off of internal audits and corrective actions.	<p>i). Audits are not signed off as being complete.</p> <p>ii). Corrective actions are not documented when required.</p>	<p>i). – ii). Ensure audits are signed off when complete and corrective actions are documented and implemented where required.</p> <p>90 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Moderate	Hard copy forms are completed for each incident/accident, with space to document any follow-up action(s) required; however, as evidenced in 10 accident/incident forms reviewed incident forms are not fully completed/signed off, and not all follow up actions are taken.	<p>i). Seven of 10 incident forms reviewed were not fully completed/signed off.</p> <p>ii). Incident reports reviewed for four hospital and three rest home residents did not evidence family/whānau were informed of the incident, or the reason for not informing family/whānau</p>	<p>i). Ensure incident forms are fully completed/signed off.</p> <p>ii). Ensure there is documented evidence that relatives are informed incidents, or the reason relatives were not informed (resident</p>

			(resident request).	request).  60 days
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>As per the ARRC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site overnight from 17.00 hours for hospital level care residents at times. It was noted that the service has attempted to mitigate the risk of this situation by utilising an enrolled nurse, or senior caregiver acting as shift duty lead on site and having comprehensive on-call cover.</p>	<p>The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the</p>	PA Moderate	<p>Care plan evaluations were completed six-monthly or sooner for a change in health condition and included written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds and these have been reviewed and closed out where the issue has resolved. A range of monitoring charts are available and used appropriately by RNs; however not all neurological observations have been completed as per policy. This is an ongoing shortfall.</p>	<p>Three of 10 incident reports reviewed did not evidence neurological observations were completed according to policy.</p>	<p>Ensure neurological observations are completed as per policy.</p> <p>30 days</p>

<p>person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA High</p>	<p>There are policies documented around safe medicine management that meet legislative requirements; however, policy and safe practice was not being implemented during the days of audit.</p>	<p>i). Medications were stored in a medication room and trolley; however, both were unlocked during audit, with the medication door left open, and medications (including returns to pharmacy) left unattended on a bench within the open room. ii). Oxygen cylinders were not secured safely within the medication room. iii). There were no regular checks of controlled medications documented in the register. iv). The medication fridge and medication room temperatures have been monitored daily and the temperatures were within acceptable ranges; however, temperatures had not been</p>	<p>i). – iii). Ensure safe storage and medication checks are carried out as per policy and best practice requirements. iv). Ensure safe storage and medication checks are carried out as per policy and best practice requirements.  7 days</p>

			checked at all in the two weeks prior to audit.	
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	PA High	There are policies documented around safe medicine management that meet legislative requirements; however, the registered nurse observed on a medication round did not follow policy or safe practice.	<p>i). The RN was observed to have pre-dispensed the medications from the blister packs into pottles in the medication room.</p> <p>ii). The medication chart was signed off as administered in the medication room prior to administration.</p> <p>iii). Medications were left with residents to take later (this included a controlled medication).</p>	<p>i).- iii). Ensure all staff follow policy and safe practice when administering medications</p> <p>7 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	PA Moderate	The electronic medication charts have the facility to identify if a resident has an allergy or not; however this function had not been completed for all residents reviewed. The registered nurse confirmed the residents in question had no allergies at the time of audit.	Four of the eleven medication charts reviewed did not have the allergy status completed.	<p>Ensure all residents have their allergy status completed on the electronic medication chart.</p> <p>30 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance</p>	PA Low	Surveillance methods, tools, documentation, analysis, and assignment of responsibilities are be described and documented in the infection control manual and policies using standardised surveillance definitions; however, surveillance does not currently include ethnicity data.	Ethnicity data is not being collated and analysed during infection surveillance.	<p>Ensure ethnicity data is collated and analysed during infection surveillance.</p> <p>90 days</p>

includes ethnicity data.				
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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.

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End of the report.