# Fendalton Lifecare (2006) Limited - Fendalton Retirement Village

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Fendalton Lifecare (2006) Limited

**Premises audited:** Fendalton Retirement Village

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 2 April 2024 End date: 3 April 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 37

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service are fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service are fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service are partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service are unattained and of moderate or high risk |

## General overview of the audit

Fendalton Retirement Village (Fendalton) provides care for up to 35 residents in the care centre and up to 14 rest home residents in the studio apartments. On the day of the audit there were 37 residents including twelve rest home residents in the studio apartments. The Quality and Risk committee provides governance for the organisation.

This unannounced 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-Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The day-to-day service is managed by a suitable qualified unit manager. The general manager oversees the implementation of the quality and risk programme. Residents and families/whānau interviewed spoke positively about the care and service provided. There has been a change in clinical manager since the last audit. Clinical oversight is provided by the qualified clinical manager, supported by a unit coordinator and a quality consultant.

There were no areas for improvement identified at the previous certification audit.

This audit did not identify any areas requiring improvement.

## 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 are fully attained. |

Fendalton provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of resident’s rights and obligations.

A Māori health plan is documented for the service. This service supports culturally safe care delivery to all residents. Residents receive services in a manner that considers their dignity, privacy, and independence.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. A complaints management policy includes information on access to advocacy and complaint support systems.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service are fully attained. |

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operations objectives which are reviewed on a regular basis. The quality improvement plan includes a mission statement and quality objectives. The service has effective quality and risk management systems in place that take a risk-based approach. Quality and risk performance is reported across various meetings. Fendalton collates clinical indicator data and benchmarking occurs.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. A comprehensive orientation programme is implemented.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner/nurse practitioner.

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

## Te aro ki te tangata me te taiao haumaru │ 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 are fully attained. |

A current warrant of fitness is in place and displayed. There is a planned and reactive maintenance programme in place.

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

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Results of surveillance are acted upon, evaluated, and reported to a quality and risk committee. The service has a robust pandemic and outbreak plan. There has been one outbreak recorded since the previous 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 are fully attained. |

The restraint coordinator is the clinical manager. At the time of the audit there was no restraint in use. Strategies to eliminate restraints and managing distressed behaviour and associated risks are included as part of the mandatory training plan and orientation programme.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 18 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 49 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  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. | FA | The Māori Plan is documented to guide practice and service provided to residents at Fendalton Retirement Village (Fendalton). At the time of the audit there were no residents who identified as Māori. Interviews with the management team (general manager, unit manager and clinical manager) confirmed the service and organisation is focused on delivering person-centred care which includes operating in ways that are culturally safe.  The service has provided training sessions on Nga Paerewa, Te Tiriti o Waitangi in October 2023 and additional training on cultural safety over November, December 2023 and January 2024.  Eight staff were interviewed (four health care assistants (HCAs), one relieving rest home unit coordinator, one cook, one educator and a maintenance person) as part of the audit. The care staff interviewed described their commitment to supporting tāngata and future Māori residents and their whānau by identifying what is important to them, respecting their individual values and beliefs and enabling self-determination and authority in decision-making. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  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. | FA | Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan. A cultural awareness policy documents connectivity within the region through their staff and Pacific staff assist to increase knowledge, awareness and understanding of the needs of Pacific people. Staff interviewed were knowledgeable around cultural preferences of residents who identify as Pasifika. At the time of the audit there no residents or staff who identified as Pasifika. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The unit coordinator discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. The Code is also available in a number of different languages if required. Three residents (including one resident in the studios) and four family/whānau interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful. |
| Subsection 1.5: I am protected from abuse  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. | FA | Fendalton’s policies guide expectations around ensuring that the service is free from any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee’s induction to the service, with evidence of staff signing the code of conduct document sighted in the staff files. Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. |
| Subsection 1.7: I am informed and able to make choices  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. 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. 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. | FA | There are policies around informed consent. Resident files reviewed included completed general consent forms and consents for receiving and recording information, providing information, in relation to students/training, activity outings, taking of photographs, influenza and Covid-19 vaccinations. Family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the resident or enduring power of attorney (EPOA) where applicable. All documentation regarding enduring powers of attorney were on file. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | The complaints procedure is provided to residents and family/whānau during the resident’s entry to the service. Complaint forms and a suggestion box are in a visible location at the entrance to the facility. 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.  A complaints register is being maintained by the unit manager. There have been no complaints since the previous audit. A health and disability complaint from March 2020 was closed in February 2024. Recommendations from the health and disability commission regarding wound processes and communication with allied health have been implemented and confirmation of resolution was received in February 2024.  Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family/whānau meeting. Interviews with the general manager, unit manager and clinical manager confirmed their understanding of the complaints process. The general manager and unit manager reported the complaints process works equitably for Māori and guidelines are provided in the complaints policy, support is available when required, and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori. Staff are informed of complaints (and any subsequent corrective actions) in the quarterly staff meeting (minutes sighted). 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 in the past, were addressed promptly. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | Fendalton Retirement Village (Fendalton) is privately owned by a company of three directors; one of whom is the general manager who works across two facilities (Elmswood Retirement Village), with both owned by the company.  Fendalton is certified to provide rest home level care for up to 49 residents in the care centre, including 13 studios and one apartment certified to provide rest home level of care. There were 37 rest home level care residents residing in the facility at the time of the audit; 25 in the care centre and 12 residents in the studio apartments. All residents were on the age-related residential care contract (ARRC). There were no double or shared rooms.  The general manager (GM) is responsible for the implementation of the quality and risk across both facilities and also chairs the monthly quality and risk meetings. The GM is supported by a facility manager (FM) who oversees the day-to-day operations across both facilities. The clinical manager is a registered nurse (RN) and oversees the clinical governance of the two facilities.  There is a strategic plan documented 2023-2025 that documents the mission, values and philosophy. The quality committee includes the general manager, Elmswood/ Fendalton facility manager, Elmswood/ Fendalton clinical manager, Fendalton unit manager and Elmswood rest home unit coordinator and a quality consultant.  The facility manager (FM) is supported by a full-time Fendalton unit manager (with previous aged care experience). The unit manager is non-clinical and has been in the role for one year. A clinical manager with aged care experience has been in the role for a year and has overall responsibility for clinical operations across both facilities and is supported internally from the Fendalton unit coordinator RN and experienced team HCAs and casual RNs. A quality consultant is contracted to assist with planning, drafting and review of all policies and procedures.  There is a quality and risk report tabled at the quality and risk monthly meetings. The report includes clinical data; analysis and trends; health and safety information; information on staffing; outcomes of internal audits; progress on corrective actions; and an agenda for the meeting. Information pertaining to demographic data, barriers to access residential services and equity for Māori residents and tāngata whaikaha is woven throughout organisational and operational documents. The goals relating to operational and clinical effectiveness, are clearly identified, monitored, and reviewed annually.  Performance of the service is monitored through satisfaction surveys; clinical performance indicator data; staff incident reporting; internal audit results; the complaints process; and resident, family/whānau and staff input through feedback and meetings.  The clinical manager has completed comprehensive orientation to their role and completed the required leadership activities related to the clinical management of an aged care facility. The unit manager has completed the required professional development training related to their role. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | FA | Fendalton has a quality and risk management programme (called quality improvement plan). Quality goals for 2023 are documented and progress towards quality goals is reviewed annually by the quality and risk committee (governance). Goals set for 2023 have been reviewed as met and 2024 goals related to staff health and food presentation were documented in the February quality and risk meeting. The quality and risk management system includes performance monitoring through internal audits and through the collection of clinical indicator data (including medication errors; falls; falls resulting in fractures; bruising; unintentional weight loss; consecutive weight loss for more than three months; skin tears; infections; restrain; and polypharmacy (nine medications or more).  A range of meetings are held regularly, including quality and risk meetings, health and safety meetings, infection control and restraint meetings, clinical (RN and care leads) and staff meetings. Discussions include (but are not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing and education; and cultural safety. Internal audits, meetings and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved.  Quality data and trends in data are posted for staff. The corrective action log is discussed at meetings to ensure any outstanding matters are addressed, with sign-off when completed. Data is benchmarked (using an Australian best practice target range tool for aged residential care) and analysed. The residents and family/whānau feedback is collated and discussed at quarterly meetings. Meeting minutes sighted evidence a high level of satisfaction related to the service. Policies are available to all staff and changes to policies are communicated.  A health and safety system is in place with identified health and safety goals. Hazard identification forms and an up-to-date hazard register were sighted. A risk register is centrally located in the nurse’s station. Health and safety policies are implemented and monitored monthly at the health and safety meeting. The health and safety reports are tabled at the quality and risk meeting (including representation of governance) for further discussions. There are regular manual handling training sessions for staff. The internal audit schedule includes health and safety, maintenance, and environmental audits, which are included as part of the organisational management `facility check` audit. All resident’s incidents and accidents are recorded, with data collated and analysed through the electronic system. Eight electronic resident incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Resident and family/whānau interviewed confirmed they are informed, and this was also evident in the resident files reviewed.  Discussions with the clinical manager and unit manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed as follows: a new clinical manager, change of manager, RN shortage and an attempted suicide. There has been one Covid-19 outbreak recorded in February 2024. The outbreak was well managed and reported appropriately. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | Policy includes staff rationale and skill mix for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is one roster covering the two wings, upstairs and the studio wing. The lead HCA assigns staff to each wing at the beginning of the shift. The unit manager and unit coordinator work full time from Monday to Friday. The clinical manager, three RN unit coordinator and the quality consultant share the on-call /afterhours support roster. Staff interviewed stated that the staffing levels are sufficient, there is cover provided for sickness and leave, and that the management team provide support. The service uses casual staff and agency staff to provide roster cover as needed. There is a unit coordinator/RN on morning shifts Monday to Friday and an RN is available on call 24/7. Family/whānau interviewed reported that there are adequate staff numbers. At the time of the audit, the unit coordinator/RN position was vacant and being covered by Elmswood rest home unit coordinator and the clinical manager. The position has been filled and the new unit coordinator commences next week.  The annual training programme reviewed exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record for educational courses offered including: in-services; competency and external professional development. All senior HCAs (care leads) and RNs have current medication competencies. There is a person with a first aid certificate on duty on all the shifts. All HCAs are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce or NZ Tertiary College. Fifteen HCAs are employed at Fendalton, and 14 HCAs have achieved their level three or higher level of Certificate in Health and Wellbeing. Support with education and progression through the skills framework is supported internally by RN’s and the educator and an assigned off site Careerforce assessor. Staff completed cultural training as part of their mandatory training days. There is an educator/HR person on site (non- clinical) that support staff with their online training modules and ensure participation is encouraged.  Registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs and HCAs related to specialised procedures or treatments, including (but not limited to) infection control; wound management; medication management; syringe driver (RNs only); and insulin competencies.  There is an annual education and training schedule being implemented. All staff are skilled and qualified to work across all areas. The annual training programme evidence sufficient topics related to medical conditions across rest home level of care. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand- Waitaha Canterbury and hospice. The unit manager reported that the model of care ensured that all residents are treated equitably. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | FA | Five staff files (one activities coordinator, one maintenance person, three HCAs) reviewed and evidenced completed orientation, training and competencies and professional qualifications on file where required. Annual appraisals have been completed for staff who have been employed for more than a year. 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 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 and following a regular pattern of review thereafter. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. The HCAs interviewed reported that the orientation process prepared new staff for their role and could be extended if required. There is an appraisal register/schedule, and the schedule evidence appraisals are conducted annually as required.  There are policies documented that guide good employment practices. There is no immediate recruitment required. Staff files evidence the appropriate training and skills required to provide for the higher level of care. Staff ethnicity is recorded in their file; staff files are kept secure, and resident information is password protected. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Five resident files were reviewed, including one respite resident and one residing in the studios. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system.  All residents have admission assessment information collected and an initial care plan completed within required timeframes. InterRAI assessments, re-assessments, care plan development and reviews have been completed within the required timeframes. These residents have a range of appropriate risk assessments completed.  The electronic long-term care plan is holistic and aligns with the organisational model of care. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others assist to form the basis of the long-term care plans.  All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The GP interviewed provides after-hours support when needed and commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older persons mental health specialists and wound care specialist nurse is available as required through Health New Zealand – Canterbury. The physiotherapist is contracted to attend to residents once a week.  The health care assistants (HCAs) interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit. The HCAs complete task lists within the progress notes on every shift. The RNs document in the progress notes at least weekly and as necessary. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.  Family/whānau interviewed reported their needs and expectations were being met. When a resident’s condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.  There were seven residents with a single wound each, including skin tears lesion and one stage II pressure injury. Assessments and wound management plans, including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The HCAs and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.  Care plans reflect the required health monitoring interventions for individual residents. The HCAs complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food; fluid; and blood sugar levels. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities, as evidenced in one file reviewed.  Resident incidents are entered onto the electronic system and evidenced timely RN follow up. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.  Evaluations are scheduled and completed at the time of the interRAI re-assessment. Written evaluations reviewed identify if the resident goals have been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family/whānau are invited to attend the multidisciplinary case conference meeting. Short term issues such as infections, weight loss, and wounds have a short-term care plan prepared with a trigger from the electronic programme. If the issue is not resolved within six weeks, the issues are incorporated into the long-term care plan. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe 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. | FA | Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked treatment room. HCAs and RNs responsible for medication administration complete medication competencies. All RNs are syringe driver competent. Staff have received training in medication management and pain management as part of their annual scheduled training programme.  Nine electronic and one paper-based medication chart were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews and if additions or changes are made.  Standing orders are not in use. All medications are charted either regular doses or ‘as required.’  Regular medications and ‘as required’ medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner. There were three residents self-administering medications. The residents have medication competencies completed three-monthly and medications are safely stored in their rooms.  Residents who are on regular or ‘as required’ medications have clinical assessments/pain assessments conducted by a RN. All ‘as required’ medications had prescribed indications for use. The effectiveness of ‘as required’ medication had been documented in the medication system.  The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the GP are available to discuss treatment options to ensure timely access to medications.  Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range.  All eyedrops /creams and nasal sprays are dated on opening and discarded as per manufacturer’s instructions. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | All main meals are provided by the sister facility Elmswood, located a short distance from Fendalton. The on-site cook works 8:30am to 5pm and is responsible for serving meals, making and delivering morning and afternoon tea, preparing tray meals, and picking up lunch and dinner from Elmswood. Meals are transported from Elmswood to Fendalton in hot boxes and placed in a Bain Marie for serving. The main cook and a part time cook oversee the on-site kitchen at Elmswood.  A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff. The menu can be substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The chef can cater for cultural needs specific to te ao Māori.  There is a current food control plan that expires on 2 March 2025. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | Discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | There is a current building warrant of fitness that expires 1 August 2024. The maintenance is overseen by a full-time maintenance person. The maintenance requests are logged, and records reviewed evidence requests are attended to in a timely manner Essential contractors such as plumbers and electricians are available 24 hours a day as required.  An annual maintenance plan includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Testing and tagging of electrical equipment have been completed annually. Checking and calibration of medical equipment, hoists, ceiling hoists and scales is next due in September 2024.  Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room. |
| Subsection 5.2: The infection prevention programme and implementation  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. | FA | The infection control programme links to the quality programme, infections are collated, analysed and reported on in meetings. Any infections of concerns are escalated to the quality and risk committee. The infection control programme is reviewed annually as part of the review of the quality improvement plan and occurred at the end of 2023. Infections are benchmarked.  The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control nurse has access to an online training system with resources, guidelines, and best practice. The infection control coordinator oversees the infection control audits. Education with residents was on an individual basis and as a group in residents’ meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  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-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. | FA | Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control committee combines all RN’s of Fendalton and Elmswood and has meetings at least every two months. There is a section of the quality and risk meeting dedicated to infection control to discuss relevant policy changes, relevant education, audits, and any infection control concerns.  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 on the electronic system. Surveillance of all infections (including organisms) occurs; this data includes ethnicity and is monitored and analysed for trends. Benchmarking occurs monthly. Internal infection control audits are completed with corrective actions implemented for areas of improvement. The service has ensured good practice such as extra fluid rounds, perineal hygiene practices, and resident and staff education around prevention strategies for the prevention and nursing care of urinary tract infections.  Staff are informed of infection surveillance data through meeting minutes (RN meetings, staff meetings) and quality and risk meetings and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.  Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Since the previous audit, there has been one Covid-19 outbreak in February 2024. Outbreaks were notified to the community infection control nurse and Public Health. Outbreak meetings occurred and lessons learned were acted upon. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Restraint policy confirms governance commitment to aim for a restraint-free environment. Restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. There were no residents using restraint at the time of the audit.  The restraint coordinator (clinical manager) confirmed the service is committed to providing services to residents without the use of restraint. Providing a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. All staff at Fendalton had completed restraint training and competencies in 2023. The care plans reviewed evidence cultural considerations. |

# 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.

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# Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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.