

Avatar Management Limited - Maida Vale Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Avatar Management Limited
Premises audited:	Maida Vale Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 18 March 2024 End date: 19 March 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:	78

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Maida Vale Retirement Village (Maida Vale) is certified to provide hospital (medical and geriatric) services, rest home care and residential disability services (physical) for up to 94 residents.

There have been no significant changes to staffing or the scope and size of the services since the previous surveillance audit in January 2023.

This certification audit included a pre-audit review of policies and procedures, onsite review of residents' and staff files, observations and interviews with residents, family members, managers, staff, allied health providers and a general practitioner. The consumer auditor conducted the majority of interviews with residents (including younger residents) and their whānau. Residents and their whānau, and allied health professionals expressed a high level of satisfaction with the services provided.

There was one finding related to insufficient RN cover on night shifts.

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.

Maida Vale staff work collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

There are systems in place to facilitate Pacific peoples being provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Residents were safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services are provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The entry to service process is efficiently managed. Residents are assessed before entry to the service to confirm their level of care. The registered nurses (RN) are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated by the RNs as per policy requirement. Transfers and discharges to other services were managed in an appropriate manner.

The service provides planned activities that meet the needs and interests of the residents including young physically disabled residents (YPD), as individuals and in group settings. Diversional therapy plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place. The YPD residents can participate in a range of activities consistent with their interests and preferences.

A safe medicine management system is in place. The organisation uses an electronic system for prescribing, dispensing, and administration of medications. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents with special needs and menu options specific to te ao Māori catered for. Food is safely managed. Residents verified satisfaction with meals. A current food control plan was available.

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

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

Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. The IP and the AMS programme is linked to the quality improvement programme. A registered nurse leads the programme. Specialist infection prevention advice is accessed when needed. A pandemic plan and outbreak management plan were available.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately. There are safe and effective laundry services.

An antimicrobial stewardship policy guides use of antimicrobials, and occurrences of adverse effects are monitored. Surveillance of health care-associated infections is undertaken with results shared with staff and the governance body. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

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.
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The service aims for/is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	170	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Maida Vale has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected. A Māori health plan has been developed with input from cultural advisers/local iwi and is used for residents who identify as Māori.</p> <p>On the days of audit approximately 10% of residents were of Māori descent but not all identified as Māori. The care records of these people confirmed that their cultural needs were identified and catered for. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. The organisation has implemented a number of systems to monitor and measure the health outcomes of Māori residents, for example, analysis of incidents and infections according to ethnicity, and contracted the services of a cultural navigator, and ongoing staff training. A newly established group of Māori staff meet every three months to consider ways of improving cultural safety across all areas of service delivery and minimising barriers. This team have developed tikanga guidelines for day-to-day care and Māori perspectives on death and dying. Those interviewed commented that the service was supportive in encouraging and embracing Māori</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service provider has a Pacific peoples' cultural policy which was developed by an external consultant with input from the wider Pasifika community.</p> <p>It includes Pacific models of care and guides staff to deliver safe services to Pasifika. The policy is focused on residents achieving equitable care to improve better outcomes. It includes advice on contacting interpreter services and references the Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan.</p> <p>Staff and management discussed how they have worked in partnership with local Pacific communities. There were no Pasifika residents on site, but a number of staff were of Pacific Island descent. These staff interviewed said that because service delivery was person-centred, they believed a Pasifika person's cultural and spiritual beliefs would be embraced.</p> <p>The organisation is monitoring and measuring equity and service efficiency through internal audits, staff and resident feedback and analysis of quality data.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed have undertaken training in and understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Staff were observed supporting residents in accordance with their wishes. Copies of the Code were available in English and te reo Māori in each resident's letterbox inside their rooms and posters were sighted at the entrance of each site.</p> <p>The consumer auditor interviewed nine residents of varying funders and needs. Residents and whānau confirmed they were made aware of the Code and the National Health and Disability Advocacy Service upon admission and have had opportunities to discuss their rights with staff. They identified ways they would address issues around their care and felt confident in the resolution process onsite.</p> <p>Māori mana motuhake is respected and evident in the treatment of</p>

		<p>residents. All residents interviewed confirmed they can make choices, and these choices and preferences are respected and supported. A YPD resident interviewed proudly mentioned being actively involved in discussion and decision-making with staff regarding the continued use of a mobility device.</p> <p>Meeting minutes included evidence that consumer rights are discussed at house meetings.</p> <p>There is access to independent advocacy as required.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>On admission residents are asked about their preferences, interests, values and personal goals. These were recorded and contribute to each resident's care plans, as well as food and activity planning. Residents were provided regular opportunities to discuss and share their progress, values and their preferences, as evidenced in day-to-day interactions with staff and monthly resident meeting minutes.</p> <p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents, some of whom have disabilities, and their whānau, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Residents are encouraged and enabled to participate in their hobbies, cultural activities and attend events.</p> <p>A chaplain provides pastoral care onsite, offering individual meetings with residents every Wednesday. Catholic and ecumenical chapel services occur monthly onsite, with options to attend nearby church services also.</p> <p>Māori residents identified strong links with local marae and said they were enabled to participate in te ao Māori in ways meaningful to them. One Māori resident's room was decorated in photos of whānau and significant events at their marae, flax woven flowers and Māori artefacts, whilst waiata played gently. Key festivals are celebrated, including Waitangi Day whereby residents make individual korowai. Whānau are encouraged to visit and share kai.</p> <p>Staff were observed to maintain privacy throughout the audit. All</p>

		<p>residents have private rooms reflecting their identity.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through use of common words in te reo during day-to-day functioning, hygiene signs in the bathrooms, planned activities, and management and staff education in Te Tiriti o Waitangi and in te ao Māori. Relevant policies and procedures are also available.</p> <p>Young persons with physical disabilities interviewed reported being members of an under 65 years social group, regular participation in the activity programmes offered and being enabled to pursue their interests.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Secure systems are in place to manage residents' finances. Residents commented that their property is respected, and laundry is labelled. Residents reported they have not seen or experienced any example of staff being abusive in any way. A resident at the service discussed how any concerns raised related to staff were quickly addressed to maintain a safe environment for all residents. They provided an example of this. All agreed they felt safe and secure in the service. Professional boundaries were maintained.</p> <p>Staff were supported in raising concerns of institutional and systemic racism within the service.</p> <p>Positive health outcomes for Māori residents are driven by a holistic, strengths-based approach and the facility's Māori health plan.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the</p>	FA	<p>Residents and whānau reported that communication is open and effective, and they felt listened to. Information was provided in an easy-to-understand format and residents recounted having opportunities to discuss and ensure comprehension. Family/whānau were involved as required, especially for conveying significant information, as observed by the consumer auditor with a resident who was blind.</p>

people who use our services and effectively communicate with them about their choices.		<p>Changes to residents' health status was communicated to whānau in a timely manner and staff have undertaken training in relation to communication with residents and whānau. Whānau confirmed the ease of contacting staff, and regularity of contact. Residents' records and incident reporting system records confirmed open disclosure was occurring.</p> <p>Policy documents on how to access interpreter services were available. Staff knew how to access interpreter services.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making.</p> <p>Signed formal consent processes were in place for overall services provided (within the service agreement), and separately for issues such as management of client information, social media and outings, for example.</p> <p>Māori residents reported staff adhere to best practice tikanga guidelines in obtaining their consent.</p> <p>Whānau reported being involved and considered in decision-making and have been offered additional information and resources to support their understanding.</p> <p>Legal representatives including EPOAs are consulted alongside the resident to make decisions together regarding future treatment and care. Policies and procedures supported this.</p> <p>As observed, residents were given opportunities to share their preferences wherever possible, including participation, treatment, and touch. They reported having choices and felt their independence and choices were supported and followed. Resident meeting minutes reflected this also, enabling a feedback loop to staff monthly.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive, investigate and resolve complaints in ways that lead to learnings and</p>

<p>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>service improvement. Information on independent advocacy is available for complainants. This meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms were readily available. The Code was available in te reo Māori and English. A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within best practice timeframes.</p> <p>Complainants had been informed of findings following investigation. Staff knew the process should they receive a complaint.</p> <p>The quality manager (QM) is responsible for complaints management and follow-up. This person reported that the complaints process works equitably for Māori and that a contracted Māori navigator would be offered to support people if needed. A recent complaint from the whānau of a Māori resident identified some areas for improvement in regard to communication and cultural needs. Learnings from the complaint have led to a deeper understanding about the needs of extended whānau when they are visiting. Records of ongoing communication with the complainant indicated that they were satisfied with the service response to the matter.</p> <p>A complaint submitted to the Office of the Health and Disability Commissioner (HDC) in early 2024 has been responded to by the service provider. This was the only complaint still open on the days of audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	FA	<p>Maida Vale Retirement Village provides age-related residential care, village residential care and home and community support services (HCSS) to village residents. The HCSS was audited separately and not included in this report.</p> <p>The business has been privately owned and operated by the same family for over 20 years. They understand and take steps to comply with all legislative, contractual, and regulatory requirements and conventions. The company directors work alongside staff and form part of the senior management team who oversee day-to-day</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>services. The owner/directors attend weekly management meetings which consider incidents, staffing, changes in residents and any other operational or business matters. They also receive a copy of the monthly quality and risk minutes. The owner/director confirmed a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services and care. The owner/director reads the clinical records of all residents on a daily basis. There is management and senior nursing advice available after hours. The owner/director is available by phone or other messaging methods when not on site and confirmed being informed of relevant quality and risk issues in a timely manner.</p> <p>All members of the senior management team have verified knowledge and experience in the aged care sector.</p> <p>Senior management and the owners have completed the online training modules for Ngā Paerewa which included information on Te Tiriti, cultural safety and equity. New methods for monitoring and measuring equity, partnerships with Māori and eliminating barriers to service have been implemented. Refer to evidence in subsections 1.2 and 2.2. The service has a focus of ensuring services for tāngata whaikaha are undertaken to improve resident outcomes, and this is explicit within the care planning process.</p> <p>The service has contracts with Te Whatu Ora – Health New Zealand Taranaki (Te Whatu Ora Taranaki) for Age-Related Residential Care (ARRC) and Long-Term Support-Chronic Health Conditions. There is a non-aged care agreement with the Ministry of Health (MoH) for younger people with a disability (YPD) and a contract with Accident Compensation Corporation (ACC).</p> <p>The facility is licensed for 94 beds as two rooms can be used for couples. Maximum occupancy is usually 90 residents. At the time of audit there were 78 residents receiving care; 42 had been assessed at rest home level of care and 36 at hospital level care. Of these total numbers, two rest home residents were on respite/short stay and four residents were receiving services under the YPD contract at hospital level care. On-site interviews identified that one of these YPD residents was over 66 years of age and the other three are close to 65</p>
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		<p>years old. One hospital level care resident was funded by Accident Compensation Corporation (ACC).</p> <p>Clinical governance occurs at monthly quality and risk meetings and at RN meetings, in consultation with the service GP and nurse practitioner.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, monitoring of resident outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management.</p> <p>The clinical nurse managers (CNMs) and the QM are responsible for implementation of the quality and risk system with input from the owner/director and other allied health staff. The quality and risk system is electronic and linked with the online resident clinical records. Quality data is benchmarked across a large number of other aged care facilities in New Zealand.</p> <p>There were a range of internal audits, which are undertaken using template audit forms. A calendar identifies when each topic is due. The results are reported to relevant staff and discussed with applicable managers. Relevant corrective actions were developed and implemented to address any shortfalls. Outcomes from internal audits and other quality data such as incidents and infections were analysed each month and presented for discussion at the quality and risk committee. These are further reviewed each year to ensure corrective actions have been closed out where the analysed data identified improvement was required. Review of a sample of quality and risk meeting minutes confirmed that all resident and facility quality and risk issues were discussed and that mitigation strategies were implemented to reduce risk. Discussions at this meeting and the weekly management meetings included hazards, training, staffing, adverse events, complaints/compliments, restraint minimisation, infection prevention, infection events, residents/whānau feedback and changes in process/systems.</p>

		<p>Staff confirmed they felt well informed and well supported. Young people with disabilities have input into quality improvements through resident meetings and by providing feedback either informally directly to staff or formally via satisfaction surveys.</p> <p>Health and safety systems are implemented by the management team according to the service health and safety policies, which meet current New Zealand legislation. A sighted hazardous substance register was maintained by the maintenance manager. It described all hazardous substances stored on site and where to access product information for each substance.</p> <p>A risk management plan was in place. The QM and the director confirmed changes or the identification of any new risk, including those related to individual residents' care, are brought to their attention promptly. Potential inequities were documented in the organisational risk management plan. The onsite hazard register is updated when new hazards are identified and reviewed by the quality and risk committee who oversee health and safety, annually. The audit team were taken through a health and safety site induction on day one of the audit.</p> <p>The level of internal audits, and analysis of incidents and infections according to resident ethnicity is contributing to monitoring and measuring of health equity.</p> <p>The care staff interviewed demonstrated understanding of pae ora outcomes. They described various ways they work with Māori residents and their families to ensure that services and care are culturally safe and appropriate.</p> <p>The owner/director, CNMs and QM at interview were familiar with essential notification reporting requirements. Events that have been notified since the previous audit included ongoing notifications about not having an RN on duty in each building at night. There have also been notifications about pressure injuries and an outbreak of Norovirus in 2023.</p>
Subsection 2.3: Service management	PA Low	There is a documented and implemented process for determining

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Where staff are unable to attend for a rostered shift, the shift is usually covered by staff working an extra shift, or by extending the hours of their shift. All changes are noted on the rosters sighted. Management undertakes regular analysis of variances between the roster and actual shifts worked to ensure care staff are not working excessive hours, and to identify any other staffing concerns. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There were sufficient care, activities, maintenance, administration, catering and housekeeping staff rostered. Residents and family members were satisfied their call bells were answered in a timely manner and their care needs met.</p> <p>All staff members on duty had a current first aid certificate and there is a RN on site with additional RNs on call 24/7. Prior to the national shortage of RNs there was a RN allocated in both buildings where hospital level care is provided on all shifts, so there were two RNs on site 24/7. The service provider has been unable to provide two RNs on site at nighttime for more than two years. The previous corrective action in 2.3.1 is ongoing.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements and education relevant to physical disability. Related competencies are assessed and support equitable service delivery. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori in addition to a cultural competency assessment that occurs during orientation. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Each of the staff records reviewed demonstrated completion of the required training and regular competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
Subsection 2.4: Health care and support workers	FA	Human resources management policies and processes are based on

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Recruitment processes include at least two referee checks, criminal vetting, pre-employment health assessments and validation of qualifications. These were sighted in staff records sampled.</p> <p>The skills and knowledge for each role are documented in position descriptions. Position descriptions include responsibilities, accountabilities, reporting lines and person specifications. There is a staff orientation and induction policy. All staff receive an orientation on employment. The orientation programme includes the essential components of service delivery with an introduction to the organisation, the Code of Rights, privacy and confidentiality, informed consent, cultural awareness and emergency procedures. The staff handbook includes comprehensive information and expectations regarding presentation, identification, confidentiality, training, performance, supervision, Te Tiriti o Waitangi, health and safety, adverse events, infection prevention, and abuse and neglect. Each staff file sampled contained evidence of an initial performance discussion after 90 days of commencing employment and an annual performance appraisal thereafter.</p> <p>Staff ethnicity data was recorded and used in line with health information standards.</p> <p>There have been no significant incidents or events that required formal debriefing. Processes and external support for employees is available should this be required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	FA	<p>The management of health records meets the health records standards. Personal identifying information such as date of birth, ethnicity, gender and entry to service is accurate. Entries into the electronic records showed time and dates and the name of the writer. The clinical nurse managers review all progress notes, including health monitoring charts, and these were audited at regular intervals. Resident records are maintained in both electronic and hard copy. Information was kept private and secure and was only accessible to</p>

accurate, sufficient, secure, accessible, and confidential.		those who have the authority to do so. Records were integrated with entries from visiting health specialists including the general practitioner. Archived records were secured in a storage area with smoke alarms and sprinklers. These were filed in ways that enable easy retrieval. The organisation is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) agency. Prospective residents and/or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Maida Vale Retirement Village has clearly documented entry to services policies and procedures and has clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Routine analysis of entry to services and decline rates, including specific entry and decline rates for Māori, is completed monthly.</p> <p>The service has established partnerships with local Māori communities and organisations to benefit residents who identify as Māori, when required. Additional Māori cultural support can be accessed from the family/whānau, and the organisation's cultural navigator as required.</p> <p>Residents, family/whānau and legal representatives interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</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</p>	FA	Residents and their family/whānau and legal representatives, where applicable, are involved in the assessment and development of care plans in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs,

<p>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>values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training. Assessment outcome scores served as a basis for care planning. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected.</p> <p>Te Whare Tapa Whāa model of care is utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own needs. Māori healing methodologies, such as karakia, rongoā and mirimiri were documented and considered. The GP stated that these will be supported when required. The service enables accessible services by encouraging family/whānau engagement and ensuring cultural support and advocacy services can be accessed when required.</p> <p>The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Care plans were person centred, and included wellbeing, community participation, meeting physical needs and health needs of residents including young persons with disability. The strategies to maintain and promote the residents' independence and wellbeing were documented. Early warning signs and risks that may affect a resident's wellbeing were identified, where applicable. Behaviour management plans were completed, with identified triggers and strategies to manage the identified behaviours documented. Family/whānau goals and aspirations identified were documented in the care plan where applicable.</p> <p>Service integration with other health providers and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP) and nurse practitioner (NP). Residents were referred to relevant specialist services as indicated. This was verified in records reviewed and in interviews with residents. The interviewed GP, physiotherapist and external medical consultant confirmed satisfaction with the care provided.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Routine six-monthly interRAI assessments and care plan evaluations were completed in a timely manner. Evaluation of care included the residents' degree of progress</p>
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		<p>towards the achievement of agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents' family/whānau confirmed being involved in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by a registered diversional therapist (DT) who is supported by an assistant who is in the progress of completing a DT course, and one activities assistant. Monthly activities programmes were posted on notice boards around the facility. Activities on the programme reflected residents' ordinary patterns of life, strengths, skills, interests and included normal community activities.</p> <p>Residents are supported to access community events and activities where possible. Regular van outings are scheduled, and residents take turns to go on van outings. Individual and group activities and regular events were offered. Opportunities for Māori residents to participate in te ao Māori are facilitated. National events observed include Waitangi Day and Matariki. Residents are supported to go out to visit family/whānau and friends where applicable.</p> <p>Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' abilities. Residents and family/whānau were involved in evaluating and improving the programme. Those interviewed confirmed they found the programme met residents' needs.</p> <p>The young people with disabilities were supported to attend to activities of choice including community events outside the facility consistent with their interests and preferences. Two meetings are held with these residents monthly, one onsite and one out of the facility to</p>

		<p>discuss their needs and plan activities of choice. The interviewed residents reported satisfaction with the activities programme in place.</p> <p>A follow-up was conducted as requested by Te Whatu Ora in relation to activities provided for rest home residents in serviced apartments. Residents in serviced apartments are invited to all activities onsite in other buildings and they are supported to attend to activities as required. One-on-one and group activities are provided for rest home residents in the serviced apartments. Care staff-led activities are provided in the mornings and DT-led activities are provided in the afternoon in Oceanview apartments. A recent activities programme satisfaction survey conducted for rest home residents in the serviced apartments showed 100% satisfaction with the programme. This was verified in interviews and in activities participation records seen.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were registered nurses and competent to perform the function they managed.</p> <p>Medication reconciliation occurs and all medication is checked by two staff signed off on entry to the facility. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately and reported in the quality management system, reviewed and corrective actions implemented. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP or nurse practitioner review was consistently recorded on the medicine chart. Standing orders are not used. There were no verbal orders as all medication changes are entered immediately into the electronic medication management</p>

		<p>system by the prescriber.</p> <p>The young people with disabilities were supported if they wish to self-administer their medication. Self-administration of medication is facilitated and managed safely. Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food services are provided onsite. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special diet requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received appropriate food safety training. The menu follows summer and winter patterns in a six-weekly cycle and was reviewed by a qualified dietitian on 23 September 2023. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. A menu option specific to te ao Māori was available. Residents and family/whānau who identify as Māori also expressed satisfaction with the food options provided.</p> <p>An approved food control plan and registration issued by the Ministry for Primary Industries was available. The current food control plan will expire in August 2024. Food control plan verification was completed on 21 February 2024.</p> <p>A kitchenette is available where competent residents can prepare hot drinks when desired. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with</p>

		the residents' needs. The residents' family/whānau confirmed being involved in evaluation of progress and any resulting changes.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer, current needs and associated risks were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>Residents and family/whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Current building warrant of fitness certificates were displayed in each building. Oceanview expires on 28 April 2025, Mountain View on 28 April 2024 and Woodrow Grove on 09 April 2024.</p> <p>Testing and tagging of electrical appliances occurs every year, the most recently on 27 to 28 February 2024. Calibration and checking of medical equipment is ongoing as required when medical devices need attention and at least annually, by an external provider. This includes checking of air mattresses which was identified at the last audit.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The facility is accessible to meet the mobility and equipment needs of people with disabilities. There were sufficient other places in each building for residents seeking privacy or quiet. Compatibility amongst</p>

		<p>residents was not an issue as the people on YPD contracts were all aged over 60. One was 66 years of age and the other three were in their 64th year. Preventative maintenance is carried out by a dedicated team of staff. Requests for maintenance are manually logged in books situated in each building and these are reviewed daily by maintenance staff. The records showed that repairs were carried out usually on the same day or within three days if an outside contractor was needed.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout each building. Hot water temperature testing occurs regularly. A recent increase in water temperatures was rectified immediately by having the tempering valves adjusted by plumbers.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited to the needs of the resident groups.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. The Māori staff working group is consulted and involved in any building redesign, including redecorating, to ensure changes meet the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed including essential energy and utility sources and considering the needs of people with disabilities. This includes having access to alternative power and other utilities. Staff have been trained and knew what to do in an emergency. Trial fire evacuations occur in each building every six months, most recently on 29 November 2023. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. There is ample food and water</p>

		<p>stored on site to meet the needs of 94 care residents and 75 village residents plus staff.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents were familiar with the emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the director/owners, link to the quality improvement system and are reviewed and reported on yearly. The IP and AMS are supported at senior management level through the designated infection control coordinator who is also a clinical nurse manager. This person can access additional IP and AMS expertise through clinical specialists at Te Whatu Ora – Health New Zealand. The seeking of this expertise and advice follows a defined process and documented pathway that supports reporting of progress, issues and significant events to the governing body.</p> <p>IP and AMS information is discussed at the weekly management meetings attended by the owner/director and at the monthly quality and risk meetings. The minutes of quality and risk meetings are shared with the owner/director.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is the clinical manager and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group linked to the Quality Improvement Programme and reviewed annually. The IPCC has appropriate skills, knowledge and</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. Infection control items are included in the monthly registered nurses, quality and weekly management meetings, including infection control rates and improvements.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. The staff work as a multidisciplinary team and cultural advice is accessed where appropriate through a staff cultural focus group. The facility has a contracted cultural adviser available to them.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Staff access policies and procedures including incident reporting via the intranet. These were last updated in 2023 to reflect current standards. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori, including handwashing signage in bathrooms.</p> <p>The Covid-19 and Influenza databases were monitored monthly. Residents were currently up to date, with vaccines given monthly as appropriate through the local pharmacy.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. All staff interviewed verified training and access to PPE. There were no current outbreaks.</p> <p>Single use medical devices were used following a risk assessment process and agreement from the governing body. Processes were audited to ensure adherence to policy.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity</p>

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Annual evaluation of the AMS programme is completed in collaboration with the medical practitioners</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme was shared with staff and reported to the governing body.</p> <p>The infection control team through the quality committee ensured infections and outbreaks were reviewed and demonstrated a thorough process for investigation and follow-up including ethnicity data. Learnings from the events have been incorporated into practice. Surveillance uses standard definitions and includes ethnicity data.</p> <p>Communication between the service provider and residents experiencing a health care-associated infection (HAI) is culturally safe with advice sought from the cultural advisor if required.</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</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room and in the laundries. Cleaning products were in labelled bottles. The cleaning trolley was safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Cleaning policies and procedures to guide staff were available. The household staff have attended training appropriate to their role. The clinical nurse manager has oversight of the facility testing and monitoring programme for the built environment.</p> <p>All laundry is completed onsite. Policies and processes were in place that identified the required laundry processes. A clear separation for the handling and storage of clean and dirty laundry was sighted.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents and family/whānau confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of audit there were no ongoing restraints in use and this has been the case since 2021. When restraint is used, this is as a last resort when all alternatives have been explored. For example, a palliative care resident needed bed rails for a short period of time leading up to their passing. This was consented to by their family, and processes for assessment, monitoring and review occurred prior to and during the restraint event.</p> <p>Alternatives to restraint are the use of low beds and fall out mattresses, sensor mats, distraction and close staff supervision. All staff attend compulsory training on prevention of restraint and de-escalation at least once every year. This was confirmed in the sample of staff files reviewed and interviews with management and members of the education team.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. This person is the clinical nurse manager who is long-term employed. The care staff interviewed confirmed they understood safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The quality and risk committee oversee all restraint matters and would</p>

		<p>be responsible for the approval of the use of restraints and the restraint processes. This group meets monthly, and governance /directors have the minutes of meetings sent to them so they are kept informed about all restraint matters. Interviews with members of the team and meeting minutes confirmed that restraint/nonrestraint and the effectiveness of the alternatives in use is always discussed and analysed. Whānau/EPOA were involved in decision-making. The Māori staff working group participates in the organisation's approach to maintaining a restraint-free environment, including considering the methods in use from a cultural perspective. There have been no issues identified by this group.</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)
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	The sample of rosters showed there were sufficient care staff allocated to work in each of the three separate buildings: Ocean View Apartments (rest home level residents and independent living), and Mountain View and Woodrow Grove which both have residents requiring rest home or hospital level care. In addition to the two CNMs who work weekday mornings, there is a registered nurse on duty in Woodrow Grove and Mountain View on morning and afternoon shifts, but only one at night to cover both buildings between 12pm and 7am when the morning RNs arrive. Progress notes and time-framed night duty tasks for the RN revealed that the nighttime RN provides adequate amounts of time in each building. For example, two hours at Mountain between 1 am and 3 am, another hour at 5am and handover to the morning RN at 7.15 am. It takes them less than two minutes to drive between the buildings. There are four caregivers on duty at night (two in each building) with one designated as the senior at Mountain	There is one registered nurse on duty overnight who works across the two buildings where hospital level care residents live.	Ensure there is a registered nurse on duty at all times in each building where hospital level care is provided. 180 days

		<p>View. Ongoing section 31 notifications have been made in relation to this.</p> <p>The service provider submitted a request to the funder in September 2022, asking for an exemption or variation in the ARCC that approved the use of one RN on site to cover both buildings at night. To date there has been no response to the request. The current RNs are allocated two-night duties each month. The RNs would seek employment elsewhere if they were rostered for more. The provider is continuing in their attempts to recruit a permanent nighttime RN. The risk rating has been reduced from moderate to low as there have been no incidents or issues that compromised the safety of residents or staff under this arrangement for more than two years.</p>		
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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.

No data to display

End of the report.