

Shalom Court Auckland Incorporated - Shalom Court Rest Home

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:	Shalom Court Auckland Incorporated
Premises audited:	Shalom Court Rest Home
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); 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:	25

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

Shalom Court Auckland Incorporated (known as Shalom Court Rest Home) provides rest home and hospital services for up to 26 residents.

The facility is owned and operated by Shalom Court Auckland Incorporated. The organisation is governed by two boards. The chairperson sits on both boards. The service is managed by a general manager (GM) who has been in this role for two years. The GM is supported by a clinical nurse manager who has been in this role for one year. The organisation has a contract with Howick Baptist Hospital (HBH) to provide 20 hours per month (5 hours per week), clinical support to the organisation. This is provided by the group manager clinical and quality (HBH). Working in collaboration was acknowledged by the chairperson of the board interviewed, and the organisation is now able to continue the services provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). The audit process included the review of policies and procedures, the review of residents' and staff records, observations and interviews with residents, family, staff, board and management, and the general practitioner.

The residents and families interviewed were satisfied with the services provided, and the unique and the supportive cultural and spiritual environment.

There was one area identified as requiring improvement in relation to the employment of registered nurses, ensuring there is adequate cover of the facility by registered nurses at all times.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Shalom Court Rest Home provides care that is centred around Jewish religious values and beliefs. The service has multicultural residents. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Policies are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake when required. Cultural and spiritual needs are identified and considered in daily service delivery.

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 family/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. Family/whānau and legal representatives were involved in decision-making that complies with the law. Consent is obtained where and when required. Advance directives were followed wherever possible.

Complaints and compliments were managed effectively and promptly. A complaints register is maintained by the clinical nurse manager.

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 are partially attained and of low risk.
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The governing body assumes responsibility 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 strategies 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 any trends and leads to improvements. Actual and potential risks are 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 employment practices. A systematic approach to identify and deliver learning, supports safe and equitable service delivery.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using integrated hard copy and electronic records.

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 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. Eden Alternative principles are incorporated in residents' care. Interventions were appropriate. Transfers and discharges to other services were managed in an appropriate manner.

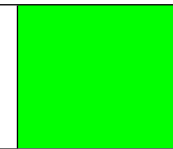
The service provides planned activities that meet the needs and interests of the residents, as individuals and in group settings. Activities plans are completed in consultation with residents and family/whānau. The planned activity programme promotes residents to maintain their links with the community. Residents and family/whānau expressed satisfaction with the activities programme in place.

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 when required. Food is safely managed. Residents verified satisfaction with meals. A current food control plan was available.

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

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

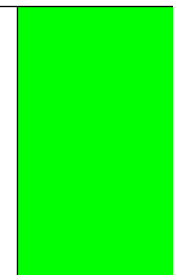


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical devices and equipment requiring calibration had 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, family and contractors understood emergency and security arrangements. 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 nominated infection control coordinator 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 was managed appropriately. There were 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 a restraint-free environment. This is supported by the governing body and policies and procedures. There were no restraints in use at the time of the audit. A comprehensive assessment, approval and monitoring process, with regular reviews is in place for any restraint use. Staff demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions to be used as necessary for this rest home and hospital.

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	167	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>	<p>FA</p>	<p>Shalom Court Rest Home (Shalom Court) 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 mission statement and values.</p> <p>A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. The clinical nurse manager (CNM) is currently establishing links with a local marae and with Te Whatu Ora Te Toka Tumai Auckland.</p> <p>Shalom Court Rest Home is committed to creating employment opportunities for Māori through actively recruiting Māori health workers across all organisational roles.</p> <p>There were no residents or staff who identified as Māori on the day of the audit.</p> <p>The group manager clinical and quality (GMC & Q) and the CNM reported, and documentation confirmed, that staff have attended cultural safety training and completed cultural competencies.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Shalom Court Rest Home staff work to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. There were staff who identified as Pasifika who bring their own skills and expertise. Staff reported at interview that they were guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</p> <p>Cultural needs assessments at admission were completed by the registered nurse (RN) and the activities co-ordinator to identify any requirements. This is also part of the cultural aspects of the Eden Alternative which is being implemented into the organisation.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference. Shalom Court Rest Home has a Pacific plan with cultural guidelines and standard operating procedures developed and implemented with input from the wider Pasifika community and staff. The service has one staff member who is the Pacific advisor. Pacific models of care have been developed for each Pacific country.</p> <p>There were no residents who identified as Pasifika at the time of audit.</p> <p>Shalom Court Rest Home identifies and works in partnership with Pacific communities and organisations (churches) to support culturally safe practices and wellbeing for Pacific people when using the service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau confirmed that services were provided in a manner that complies with their rights. Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff gave examples of how they incorporate residents' rights in daily practice. The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed on notice boards around the facility. The Code was available in te reo Māori, English, and Hebrew languages.</p>

		<p>Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process.</p> <p>Residents are involved in the assessment and care planning processes to ensure support is provided according to their wishes. The Māori health care plan is utilised to ensure Māori mana motuhake is recognised when required. Residents, family/whānau or enduring power of attorney (EPOA) confirmed being involved in the assessment and care planning processes and that residents' wishes were respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics are identified from residents and their family/whānau on admission. These were documented in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these.</p> <p>Staff were observed respecting residents' personal areas and privacy during service delivery. Personal cares were provided behind closed doors. Residents were supported to maintain as much independence as possible. Residents can freely attend to activities of choice in their respective communities, and they are free to attend to activities in other communities in the facility. Residents and family/whānau confirmed that services were provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Names of locations around the facility were posted in te reo Māori, English and Hebrew translation. Tāngata whaikaha needs are responded to as assessed. Residents were supported to participate in te ao Māori when required.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff were made aware of professional boundaries, code of conduct and abuse and neglect during the staff orientation period and in annual staff training sessions. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff understood the processes they would follow, should they suspect any form of abuse, neglect, and/or exploitation. Residents confirmed that they were treated fairly.</p> <p>Residents' property is labelled on admission. The clinical nurse manager stated that any observed or reported racism, abuse or exploitation would be investigated promptly. Safeguards were in place to protect residents from abuse, revictimization, institutional and systemic racism include staff education, the complaints management process, residents' meetings, and annual satisfaction surveys. Residents stated that the clinical nurse manager maintains an open-door policy and residents are free to approach them when required. Te Whare Tapa Whā model of care is utilised to ensure wellbeing outcomes for residents who identify as Māori, when required.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Information provided to residents and family/whānau was mainly in English language. Information can be provided in other languages if required. Interpreter services are engaged if required. The service provider maintains and communicates with other agencies involved in the care of individual residents as needed. Written information, verbal discussions and non-verbal communication methods are</p>

		<p>utilised to improve communication with residents and their family/whānau. Residents and family/ whānau expressed satisfaction with communication from the managers and the clinical team's response to requests. A record of phone or email contact with family/whānau was maintained.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents, family/whānau or EPOAs are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Appropriate best practice tikanga guidelines in relation to consent are followed. Staff interviewed understood the principles and practice of informed consent. General consent is obtained as part of the admission process. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans and advance directives (where applicable) were completed. Staff were observed to gain consent for daily cares. Residents are offered a support person through the advocacy services when required. Communication records verified inclusion of support people where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Health and Disability Commissioner's Office 'Your rights' pamphlet is available in te reo Māori and English. A copy is provided to all residents/families in the information pack on admission.</p> <p>Staff interviewed reported they knew what to do should they receive a complaint.</p> <p>In 2023 one complaint was received initially from the Health and Disability Commissioner's Office (HDC) and was transferred to the</p>

		<p>Nationwide Advocacy Service, and within two days the complaint was effectively closed out. The CNM and the GMC&Q manage all complaints. In the last year four written complaints have been received. Two were actioned and closed out, and two remain open at the time of audit. In 2023 seven compliments were received and in 2024 so far, eight compliments. Compliments are fed back to staff at the staff meetings.</p> <p>The complaints/compliment register is maintained by the CNM.</p> <p>The GMC&Q reported, and documentation evidenced, that a translator who identified as Māori would be able to support people if needed. There have been no complaints received by Māori to date. A staff advocate is available. A Māori/Jewish advisor is available for this service.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body is focused on improving outcomes and achieving equity for Māori and Jewish people and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whānau, and health care assistants' knowledge of the residents and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The chairperson of the board was interviewed in person. The chairperson explained the structure of the board. There are seven members on the Governance Board, and three members on the separate Trust Board (finances). The chairperson sits on both boards. All board members have completed relevant training including training on te Tiriti o Waitangi and health equity. The chairperson stated that all board members ensure the service meets all obligations and regulatory requirements and are fully informed about the agreements the organisation has with Te Whatu Ora Te Toka Tumai Auckland.</p> <p>The organisation's mission statement, statement of purpose and philosophy are documented on the business plan. Governance is appropriate for the size of the organisation. Regular monitoring of the</p>

	<p>business plan ensures goals were signed off when met and action plans were established to improve outcomes. The Eden Alternative Principles are currently being implemented across the organisation.</p> <p>The organisation has a general manager (GM) employed two years ago, who reports directly to the board on all aspects of quality and risk management through effective systems in place and high-quality reporting. The GM is qualified in business management and has held funding and financial roles for large organisations. The Chairperson stated that the board is strengthened by the current board members. The chairperson and the GM work collaboratively together to achieve positive outcomes.</p> <p>The GMC&Q is employed by Howick Baptist Hospital (HBH), which has a contract with Shalom Court Rest Home to provide 20 hours per month (5 hours per week) of support to Shalom Court Rest Home's CNM. The CNM is an experienced registered nurse in the aged care sector but lacks experience as a manager. The learning opportunities for the CNM are invaluable with the ongoing relationship with HBH. The GMC&Q provides monthly clinical and operational reports and reports directly to the chief executive officer (CEO) at HBH. The CEO reports to the Shalom Court Rest Home board.</p> <p>The CNM has attended training on Te Tiriti and health equity. The service provider endeavours to provide equitable services to Māori as documented in policy and aims to reduce any barriers for those residents who identify as Māori or those residents with a disability. Core cultural competencies are completed by all staff as part of orientation and training is ongoing, as verified in the training records reviewed.</p> <p>Shalom Court Rest Home provides age-related residential care (ARRC) and has contracts with Te Whatu Ora Te Toka Tumai Auckland for providing rest home, hospital and respite care services for up to 26 residents. On the day of the audit there were 25 residents. There were eleven (11) residents receiving rest home level care, 13 hospital level care and one hospital respite care resident.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement, with a focus on achieving Māori health equity. This includes the management of incidents and complaints, internal and external audit activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The GMC&Q and the CNM explained the processes involved and how the strategic plan is implemented. Business continuity is also part of the management and planning.</p> <p>There were a range of internal audits that are undertaken. The schedule for 2024 was reviewed and audits were followed through. Internal audits included cleaning and laundry audits, environment, infection prevention, restraint, care planning and interRAI assessments, staff education and resident records. The service prioritises those related to key aspects of service delivery and resident and staff safety. Evaluation against quality indicators and any trends identified occurs. Any issues identified were addressed with a corrective action plan. The staff were informed of any results.</p> <p>Document control is managed by HBH. The GMC & Q is involved with this process. Regular reviews occur, and any changes are sent directly through from HBH by the quality and support service and development manager. Staff were informed as needed of any changes to be implemented. Paper-based records are still being used at Shalom Court Rest Home. All policies and procedures were current.</p> <p>Staff and resident/family satisfaction surveys were sent out by an external provider in March 2024. The results sighted evidenced scores for 'Dimensions of Wellbeing' as 50% positive, 31% strongly positive, 13% neutral and 6% strongly negative, and 'Living Life Fully' with an overall satisfaction rate of 100%. The comments made emphasized the importance of their relative being in a faith-based community. Family/residents commented in relation to staff being well educated, and knowing what they were doing practically. Other comments made were positive. A variety of meetings are held, such as the senior leadership meeting held monthly. This was last held on 13 March 2024. All CNMs meet with the GMC&Q at HBH. A set agenda is used. An events management sub-committee meets three-</p>
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		<p>monthly at this facility to plan all Jewish celebrations (e.g., Purim celebrations), and to plan any invited guest speakers. Health and safety, human resource updates, and activities are discussed at this meeting.</p> <p>Clinical governance meetings are held two-monthly at HBH. CNMs from all four HBH sites are invited, as are members of the multidisciplinary team. The quality manager and support services and development manager (HBH) are present at this meeting. The last meeting was held on 29 February 2024. Staff meetings are held monthly and any compliments, infection prevention and health and safety reports are fed back to staff. A management team, maintenance, health and safety representative, a board representative, and the GM and CNM attend this meeting held at Shalom Court Rest Home. Residents' meetings occur monthly, and the resident advocate attends these meetings.</p> <p>Health and safety systems are well implemented. Any internal or external risks were identified. There was a current up-to-date hazard register and hazardous substance register.</p> <p>A risk management plan for 2024 – 2025 with aims and objectives was in place. Three-monthly environment checks were completed, and any corrective actions were documented with any associated risks identified and scored; for example, the incidents/accidents, infection prevention, compliance, occupancy, complaints, clinical documentation and other risks. The CNM attends two-monthly management meetings and reports weekly to both the GM and the GMC and clinical quality managers.</p> <p>The CNM and the GMC &Q understood the responsibilities in relation to the National Adverse Events Reporting Policy.</p> <p>Statutory and regulatory obligations in relation to essential reporting have been complied with. Notifications were forwarded to HealthCERT for the RN shortage at this facility. These were sent in weekly from March 2023. A notification was also sent for a pressure injury – unstageable on 4 December 2023.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The rosters for the last six weeks were reviewed to determine staffing levels and skill mix to provide culturally and clinically safe services. The service is required to cover all services twenty-four hours a day, seven days a week (24/7). Currently there are insufficient registered nurses to cover 24/7, study leave, and planned and unplanned leave. There were two shifts (12-hour shifts) that do not have RN cover. This aspect has been identified as an area of improvement. The rosters reviewed were adjusted in response to resident numbers and level of acuity, and when residents' needs change. Agency staff are used and staff from HBH casual staff can cover as needed. No shift is left uncovered. There is a first aider on each shift. The CNM is on call 24/7. One senior HCA Level 4 is working towards becoming a registered nurse.</p> <p>A core staff have been employed at Shalom Court Rest Home for some time. The CNM works Monday to Friday. There are four registered nurses including the CNM. Three RNs are interRAI trained. Staff interviewed reported feeling well supported and safe in the workplace.</p> <p>There is a qualified diversional therapist (Level 4) who oversees the service and works 20 hours a week. The day-to-day activities are provided by the activities co-ordinator. The food service is fully managed by a contracted service provider. The staff complete the residents' personal laundry, and the rest of the linen is contracted to a service provider in the community. One cleaner works Monday to Friday (7hours). The other cleaner works Saturday and Sunday (6 hours).</p> <p>All education provided is documented on the staff personal records reviewed. The health care workers have completed competencies on infection prevention, restraint elimination, health and safety, manual handling and cultural safety competencies. There is a total of 15 HCAs, all of whom have obtained or are training to complete a recognised New Zealand Qualifications Authority (NZQA) aged related course. There are ten HCAs that have achieved level four, four level three, and one level two. HBH also runs regular update days for Level four HCAs, and the programme was sighted. The two cleaners employed have completed Level two.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Policies and procedures guide staff in relation to human resource management, and responsibilities have been updated. All employed and contracted health professionals have current annual practising certificates. These are monitored annually by the CNM.</p> <p>An orientation and induction programme has been implemented, and staff confirmed the programme's usefulness and applicability and felt well supported. New caregivers are 'buddied' to work with a senior HCA for orientation. Time was also spent with the CNM or a registered nurse. Additional time was provided as required. Job descriptions are provided for each individual role. A checklist was completed and signed off by the CNM and a record maintained in the individual staff member's record. Orientation records were reviewed in the sample of the staff records reviewed.</p> <p>Performance reviews were undertaken after three months from commencement of employment and annually thereafter. Staff are provided the opportunity to discuss any training requirements, or any concerns with the CNM.</p> <p>Information sighted in the staff records reviewed was accurate, relevant, secure and confidential. Ethnicity data is collected and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>All staff have the opportunity to be involved in a debrief and discussion, and to receive support following any incidents to ensure their wellbeing.</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>	<p>FA</p>	<p>The service used an electronic resident information management system for interRAI assessments and medication management. The rest of the other residents' records were paper based. All necessary demographic data was collected, including residents' ethnicity. Staff have individual passwords to access the electronic system. Accurate data was collected, with files being well organised. All entries were legible, dated, and identifiable. Archived records were securely</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>stored.</p> <p>There is an appropriate storage area for past residents' files and for files that become too bulky to be kept in the office.</p> <p>All residents come with their National Index Number as part of the referral process. All health records legislative requirements were met.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Prospective residents 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>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented and analysed, including specific entry and decline rates for Māori. There is a Māori cultural advisor who provides cultural support for Māori residents and whānau when required.</p> <p>Residents and family/whānau 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 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</p>	<p>FA</p>	<p>Registered nurses (RNs) complete nursing admission assessments, care planning and evaluation. The assessment tools utilised include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural training.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the</p>

<p>whānau to support wellbeing.</p>	<p>general practitioner, and from observations. Te Whare Tapa Whā model of care and a Māori health care plan are utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own pae ora. Māori healing methodologies, such as karakia, rongoā, spiritual assistance, tohunga, and whanaungatanga are considered during care planning when required.</p> <p>The Eden Alternative principles were incorporated in the care plans. These included promoting wellbeing and combating loneliness and helplessness. A range of clinical assessments, including interRAI assessment outcome scores and referral information, served as a basis for care planning. Residents, family/whanau, and representatives of choice or EPOAs were involved in the assessment and care planning processes as confirmed in interviews.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>Service integration with other health providers was evidenced in records reviewed. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist services as indicated. In interview, the GP confirmed satisfaction with the care provided and communication received from the clinical team. A contracted physiotherapist supported residents regularly.</p> <p>Care staff reported any resident health changes to the RNs, as confirmed in the records sampled. Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Six-monthly routine care plan evaluation was completed in a timely manner. Evaluation of care included the residents' degree of progress 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</p>
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		<p>and/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. Residents and family/whānau confirmed their involvement 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>	<p>FA</p>	<p>The activities programme is overseen by a diversional therapist. The activities assessment tool "domain of wellbeing" is in the English language and has translation of te reo Māori and Hebrew for the main domains of Eden Alternative principles. Monthly and weekly activities calendars were posted on notice boards around the facility. Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, and included normal community activities.</p> <p>Residents were supported to access community events and activities where possible. Individual and group activities and regular events are offered. There is a wide variety of activities offered, including Jewish-specific activities. Waitangi Day and Matariki Day were celebrated with a video showing a brief history of the Treaty of Waitangi shown to residents. Māori Language Week was celebrated with te reo Māori used during activities to promote Māori language. Residents visit their family/whānau in the community and family can visit the residents in the facility. This was observed on the day of audit. Opportunities for Māori residents and family/whānau to participate in te ao Māori were facilitated.</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' ability. Residents are involved in evaluating and improving the programme in monthly residents' meetings. Residents confirmed they found the programme meets their needs, including those who are Jewish.</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>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders were not used.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks had been completed. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Residents and their family/whānau were supported to understand their medications when required. The GP stated that appropriate support and advice will be provided for Māori, when required.</p> <p>Appropriate processes were in place to ensure residents who were self-administering medicines had this managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action</p>
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		plans implemented, as required.
<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>The food service is outsourced to an external provider and food is prepared on site. Residents' nutritional requirements were assessed on admission to the service in consultation with the residents and family/whānau. The assessment identified residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements were accommodated in daily meal plans.</p> <p>The menu follows summer and winter patterns in a six-weekly cycle and was reviewed by a qualified dietitian on 27 November 2023. Meals were served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. The chef stated that culturally specific to te ao Māori food options will be provided per resident's request.</p> <p>The service operates with an approved food control plan and registration issued by the Ministry for Primary Industries. The current food control plan will expire on 30 January 2025. 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. Residents expressed satisfaction with the variety of the meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	FA	<p>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 EPOA. 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 were documented in the transfer documents reviewed and the resident's progress notes.</p> <p>Residents were advised of their options to access other health and disability services and social support or kaupapa Māori agencies,</p>

<p>coordinate a supported transition of care or support.</p>		<p>where indicated or requested. Referrals to seek specialist input for non-urgent services were completed where required as evidenced in the records sampled.</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>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose, well maintained and that they meet legislative requirements. The GM described the maintenance schedule which was sighted.</p> <p>Residents confirmed they know the processes they should follow if any repair or maintenance is required, any requests are appropriately actioned.</p> <p>There was a current building warrant of fitness which was displayed and expires 8 December 2024. Electrical testing and tagging records were verified and dated as being completed on the 15 January 2024. Calibration of any equipment was checked by the contracted medical company on 19 March 2024. The performance verification report was sighted. Hoists were checked annually, and this was recorded separately.</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. There is room to store mobility aids and wheelchairs.</p> <p>Spaces were culturally and spiritually inclusive and suited the needs of the resident groups. Furniture is appropriate to the setting and residents' needs. The two dining and lounge areas were spacious to accommodate residents.</p> <p>There was a variety of bathrooms including some rooms with ensuite bathrooms and some additional bathrooms/toilets were close to residents' rooms. The number of shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas.</p> <p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photographs, and other personal items displayed.</p>

		<p>Residents and family/whānau reported the adequacy of bedrooms.</p> <p>Whānau/family interviewed were pleased with the environment, including heating and ventilation, privacy, and maintenance. Each area was warm and well-ventilated throughout the audit.</p> <p>There was appropriate signage and cultural information both in te reo Māori and Hebrew on the notice boards, for staff and residents to view. The GM reported and documentation confirmed that residents, family/whānau and the cultural advisor would be consulted and involved in the design of any new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Emergency Service on 8 September 1999. A trial evacuation drill was last performed on 27 March 2024, with most staff in attendance. These drills are required six-monthly and have been added into the training programme. Staff confirmed their awareness of the emergency procedures when interviewed. All staff have completed basic first aid training and adult cardiopulmonary resuscitation (CPR).</p> <p>Civil defence emergency alternative sources of amenities are available, including bottled water, and a 750-litre water tank is available, along with a barbecue, a gas cylinder, emergency power and emergency lighting. A generator is available on site and checked by the maintenance manager six-monthly. Torches, blankets, continence supplies and emergency dry foods (for two weeks) are available. Frozen foods are stored if needed. There was a pandemic kit, and stocks of personal protective equipment resources were readily available. There have been no outbreaks since July/August 2023.</p> <p>Closed-circuit television (CCTV) is in operation and signage was reviewed. This form of security is provided to the front and rear of the facility. All family/residents as able have the code for the front gate and the rear of the property gate, to access the grounds. On admission the chairperson or the RN explained the emergency procedures to the resident/family member. The front entrance to this rest home is situated on a busy main road. A few family members have remotes to access; however, the service is reducing this</p>

		<p>moving forward.</p> <p>A call bell system is installed in each resident's room and in all service areas. The residents interviewed stated that staff responded quickly to the call bell if they are activated.</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. 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 CNM and RNs have identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and have always included infection prevention as part of the quality and risk management programme. AMS and responsible use of antimicrobials has always been promoted. The effectiveness of the antimicrobial stewardship (AMS) is measured monthly and meets the requirements of this subsection.</p> <p>Expertise is accessible for guidance for both surveillance programmes. Any infection prevention control events and/or trends identified would be addressed by the registered nurses at this service and if required reported appropriately to Public Health and/or HealthCERT.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</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>	FA	<p>A nominated infection control coordinator coordinates the implementation of the infection prevention (IP) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinator (IFC) completed external education on infection prevention in September 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the clinical governance body and is linked to the quality improvement programme. The IP programme is reviewed annually and was last reviewed in October 2023. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention</p>

		<p>standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. There were sufficient IP resources, including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan.</p> <p>The IFC has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on individual basis when an infection was identified and group education in residents' meetings.</p> <p>The IFC liaises with the clinical nurse manager for procurement of the required equipment, devices, and consumables through approved suppliers. The IFC will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, although this has not been required so far as stated by the IFC.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices were not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Appropriate infection control practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility. A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme and implementation guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using</p>

<p>responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical 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 monthly and identifying areas for improvement.</p>
<p>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.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools were used to collect infection data and standardised surveillance definitions are used. Infection data was collected, monitored, and reviewed monthly. The data was collated, analysed and action plans were implemented. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed, with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports, as confirmed in interviews with staff. Infection results were reported back to the governance body in a timely manner. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	<p>FA</p>	<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. Cleaning products were in labelled bottles. Cleaners ensure that the trolleys were safely stored when not</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>in use. There was enough PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and care staff have received chemical safety training . Residents’ personal clothes are laundered onsite, and all linen is outsourced to an external laundry provider. In the laundry, there is a clear separation between handling and storage of clean and dirty laundry. The clinical nurse manager has oversight of the facility testing and monitoring programme for the built environment. The effectiveness of cleaning and laundry processes was monitored by the internal audit programme. Residents 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>The clinical nurse manager and registered nurse interviewed advised that restraint is eliminated whenever possible. The CNM and the chairperson of the board confirmed that governance is committed to eliminating restraint use, and this is documented in policy (sighted). This is communicated to staff during orientation and as part of the ongoing education programme. Monthly reporting is provided by the CNM and restraint coordinator and discussed at the quality and safety meeting. Policies and procedures (HBH) reviewed were current.</p> <p>De-escalation training includes a competency questionnaire which was completed by all staff at orientation and annually. The CNM takes responsibility for ensuring the restraint register is maintained. A level 4 HCA completing the pathway to RN status, is training alongside the CNM to learn the role of restraint coordinator. A job description was provided. At the time of the audit no residents were using a restraint. Restraint is used as a last resort. The last restraint used was on 29 February 2024. As no residents were currently using a restraint 6.2 and 6.3 subsections were not audited.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The rosters for the last six weeks were reviewed. There are currently two 12 hours shifts a fortnight, that are not currently covered by a registered nurse. The clinical manager covers the on-call for the Level 4 health care assistants who presently cover these two shifts. The insufficient numbers of registered nurses employed has been reported to HealthCERT as Section 31 notifications. The management team are actively advertising to fill the three registered nurse vacancies.</p>	<p>There are insufficient registered nurses employed to ensure the shifts are covered twenty-four hours a day, seven days a week for this facility, which provides both rest home and hospital level care.</p>	<p>To ensure there are adequate registered nurses employed to cover the facility twenty-four hours a day, seven days a week (24/7) to meet the service’s contract obligations with Te Whatu Ora Te Toka Tumai Auckland.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.