

Holmwood Lifecare Limited - Holmwood

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Holmwood Lifecare Limited
Premises audited:	Holmwood
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 May 2024 End date: 7 May 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:	44

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.

General overview of the audit

Holmwood Rest Home is part of the Oceania Healthcare Group. Holmwood Rest Home is certified to provide hospital (geriatric) and rest home levels of care for up to 45 residents. There were 44 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, residents, management, staff, nurse practitioner and the prospective purchaser.

The business and care manager has been in the role for two years and has over 40 years' experience in the aged care industry. She is supported by a clinical manager who has been in the role for two years. Feedback from family/whānau and residents was positive about the care and the services provided at Holmwood Rest Home.

This provisional audit identified shortfalls in relation to medication room temperatures and maintenance repairs.

Ō tātou motika | Our rights

Holmwood Rest Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. A Māori and Pasifika Health Plan is in place. Spirituality, beliefs, and values are respected. The provider ensures the service is safe for Pacific peoples. Residents receive services in an equal manner that considers their dignity, privacy, and independence. Staff were observed effectively communicating with residents about their choices. Evidence was provided that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. When complaints occur, they are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the operational objectives, Holmwood Rest Home has a business plan in place. Holmwood Rest Home has implemented the organisational quality and risk management system. Quality data is collated and benchmarked. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme documented that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and included skill mixes.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an admission package on all services and levels of care provided at Holmwood Rest Home. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioner and other visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and healthcare assistants responsible for administration of medicines

complete annual education and medication competencies. The electronic medicine charts reviewed were reviewed at least three-monthly by the nurse practitioner or general practitioner.

An activities programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for each resident group. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained. Residents and family/whānau reported satisfaction with the activities programme. Residents' food preferences and dietary requirements are identified at admission and all meals are prepared and cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. All planned resident transfers, discharges and referrals are coordinated in a safe manner between services and in collaboration with residents and families/whānau.

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

The building holds a current warrant of fitness. There is a preventative and reactive maintenance plan documented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies. A staff member trained in first aid is on duty at all times. The appropriate security measures are undertaken.

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

A suite of infection control policies and procedures are documented and in use. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention control programme have been developed, approved and reviewed at organisational level. Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information used to identify opportunities for

improvements. There have been no outbreaks since the previous audit. There are organisational laundry and cleaning processes which are adhered to. Staff have completed chemical training.

Here taratahi | Restraint and seclusion

The restraint coordinator is the clinical manager who provides oversight for the restraint programme. The organisation is committed to maintaining a restraint-free environment. There were no residents using restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the annual mandatory training plan. The service considers least restrictive practices, implementing de-escalation techniques and considers alternative interventions before restraint is approved.

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	25	0	0	2	0	0
Criteria	0	166	0	0	2	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>Oceania has an organisational Māori and Pasifika Health Plan 2022 – 2025 in place. This includes an organisational Māori engagement framework which outlines how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligation and responsibilities under Te Tiriti o Waitangi to underpin services. Cultural resources are available to staff, that includes Residents’ rights in te reo Māori, cultural considerations for care, and guidelines to assist culturally appropriate communication. Other current policies include the cultural responsiveness policy, and the code of conduct for staff, which includes the service’s values in both English and te reo Māori.</p> <p>There is specific Māori and Pasifika Health Plan for Holmwood Rest Home and its community, which includes links with Tuahiwi Marae (Kaumatua Services) and Purapura Whetu (Whetu Ora Community Support) for any Māori guidance and support. Māori health strategy includes links to the Māori Health team at Health New Zealand – Waitaha Canterbury and has links through staff and the family/whānau of residents. There were no residents that identified as Māori at the time of the audit.</p> <p>The service employs staff who identify as Māori. The business and</p>

		care manager, and clinical manager confirmed that the service supports increasing Māori capacity by employing Māori staff members through a fair and equitable employment process. Staff who identify as Māori were interviewed and feel their culture is well supported.
<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>On admission all residents state their ethnicity. There were no residents who identified as Pasifika; however, the business and care manager, and clinical manager stated if there were Pacific residents, then their individual cultural beliefs would be documented in their care plan. Whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Māori and Pasifika Health and Wellbeing Plan 2022-2025 is in place and has been developed in a partnership approach with Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were no staff employed who identified as Pasifika at the time of the audit. There is specific Māori and Pasifika Health Plan for Holmwood Rest Home and its community, which includes links with Etu Pasifika who support management and on how to provide an equitable and efficient health and disability service for Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. Management discusses aspects of the Code with residents and family/whānau on admission. Two family/whānau (one rest home and one hospital) interviewed reported residents rights are being upheld by the service. Further to this, they confirmed residents are treated with respect and their independence is supported and encouraged. Six residents interviewed (four rest home and two hospital) confirmed that their rights were being met.</p>

		<p>Information about the Nationwide Health and Disability Advocacy Service, and the resident advocate is available to residents and families/whānau. There are links to spiritual support. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interactions observed between staff and residents during the audit were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible.</p> <p>Māori mana motuhake is reflected in the Māori Health Strategy and the Māori health care plan. Interviews with thirteen staff (five healthcare assistants (HCA), two registered nurses (RN), one enrolled nurse (EN), one diversional therapist, one kitchen manager, one laundry person, one housekeeper and one maintenance person), and management (the business and care manager, clinical manager and regional clinical manager) interviewed identified staff are encouraged to recognise Māori mana motuhake and provided examples of this in relation to their role.</p> <p>The prospective purchaser explained at interview their aged care experience (20+ years) and familiarity with the Code of Rights, and promotion of Māori motuhake.</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>The HCAs interviewed (across the rest home and hospital) described how they provide choice to residents during their daily cares and routines. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Family/whānau members stated staff are patient and encouraging with residents, allowing them as much choice as possible. It was observed residents are treated with dignity and respect. All residents have their own room which is personalised with their photos and possessions. The November 2023 satisfaction survey confirmed that residents and family/whānau are treated with respect. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p>

		<p>There is a sexuality and intimacy policy in place.</p> <p>Staff interviewed stated they respect each resident's right to have space to manage intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. Policies and procedures support tikanga Māori and encourage the use of te reo Māori. Staff interviews verified that cultural training has been provided, and staff are able to describe how they implement this knowledge when engaging in discussions with or providing care to residents. Tāngata whaikaha are supported to participate in te ao Māori.</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>	<p>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training around their policies and procedures. Cultural days are held to celebrate diversity. An employee handbook and staff code of conduct are discussed during the new employee's orientation to the service, with evidence of staff signing an acknowledgement. The code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. As part of Oceania's Māori and Pasifika plan, there a national cultural safety committee which ensures wellbeing outcomes for Māori are prioritised.</p> <p>The Oceania organisation provides a strengths-based and holistic model of care, based on the five pillars of wellbeing. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans. Staff interviewed reported training around abuse and neglect within the last two years. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau</p>

		<p>interviewed confirmed that the care provided to their family member is of good standard. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with HCAs confirmed their understanding of professional boundaries, institutional racism, and bias. There are policies in place regarding management of resident's property and finances, which are implemented.</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 people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Family/whānau and residents confirmed they feel informed about things that happen within the facility and the management and RN are available, accessible and collaborate with residents about their wellbeing outcomes.</p> <p>There were no residents who could not speak English at the time of the audit. An interpreter policy and contact details of interpreters is available if required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The residents are provided a choice around additional charges and premium room fees. The service communicates with other agencies that are involved with the resident, such as Health New Zealand - Waitaha Canterbury, and specialist services such as Nurse Maude.</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</p>	<p>FA</p>	<p>There are policies around informed consent that align with the Code. The service has advance care plans to assist in planning the resident's ceiling of care and wishes. Separate consent forms for Covid-19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and</p>

<p>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>their rights around choice. There is an advance directive policy in place. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated and evident where appropriate. Admission agreements had been signed and sighted for all the files reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</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>All residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. The business and care manager maintains records of complaints, actions taken, and resolution, and was knowledgeable around the complaint process. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>A complaints register is in place and there has been one complaint made since the previous audit. The complaint reviewed included an acknowledgement, investigation, follow up and reply to the complainant. The complaint has been closed out. Staff are informed of any complaints received in quality/staff meetings. Discussions with families/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings and through annual satisfaction surveys.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>Holmwood Rest Home is certified to provide hospital (geriatric) and rest home level of care for up to 45 residents. The service has eight dedicated rest home beds and 37 dual-purpose rooms, of which 24</p>

<p>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>are single rooms and 13 are one bedroom care suites. At the time of the audit there were 44 residents in total; 17 rest home residents and 27 hospital residents, including one resident with an accident compensation corporation (ACC) contract, two residents on long term support-chronic health conditions (LTS-CHC) contracts and one resident with an end of life contract. The remaining residents were under the age-related residential care contract (ARRC). There were three married couples at the time of the audit who were not sharing a room. There were no double/shared rooms.</p> <p>The Governance Board consists of the Oceania chairperson and five independent professional directors, each with their own expertise. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The Holmwood Rest Home business plan for 2023-24 includes site specific objectives and goals related to business and quality outcomes.</p> <p>Working practices at Holmwood Rest Home are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The diversional therapist supports residents to maintain links with the community. Information is reported through to the Board through the CEO, who receives detailed monthly reporting from national managers, including monitoring of goals and performance in key areas in the strategic plan, including quality care and service provision, and achievement of financial targets. A clinical governance structure appropriate to the size and complexity of the organisation is in place.</p> <p>The Māori and Pasifika Health Plan provides a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic</p>
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		<p>systems.</p> <p>The business and care manager has been in the role for two years and has over 40 years' experience in the aged care industry. She is supported by a clinical manager who has been in the role for two years. The business and care manager, and clinical manager are supported by a national operations manager, national quality manager and regional clinical manager (present during the audit).</p> <p>The business and care manager has maintained at least eight hours of professional development activities related to managing an aged care facility, including completing cultural safety, Te Tiriti o Waitangi, HDC modules, complaints management, Code of Rights, and informed consent training and also attending the Oceania managers conference in February 2024.</p> <p>The prospective purchaser is an experienced aged care provider. The organisation owns three other care facilities in North Canterbury. A documented transition plan with timeframes to implement the prospective purchasers' policies and procedures, quality systems and electronic client management system is in place. The transition plan details the roles and responsibilities of the care home manager, clinical manager, and the clinical team. The planned takeover date is 26 June 2024.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Holmwood Rest Home has an established quality and risk management framework and processes to ensure services are delivered to reflect the principle of quality improvement processes. The organisation's policies include a clinical risk management policy; documents control; clinical governance terms of reference; quality improvement policy; health and safety strategy; critical incident/accident/sentinel event policy; and quality cycle. Oceania has established systems in place to record track and analyse quality data. This includes the Quality Compliance Audit Management (QCAM) system, which is used to capture, track and report on quality information and issues. The national quality manager benchmarks data against other Oceania facilities and industry standards are analysed internally to identify areas for improvement. Monthly</p>

	<p>quality/staff meeting minutes evidence a comprehensive review and discussion around all areas of the service, including (but not limited to): clinical, staff, health and safety, and infection control.</p> <p>Monthly quality/staff and RN/clinical meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The 2023 resident annual satisfaction survey indicated general satisfaction by the residents; however, there were areas where corrective action plans were implemented and completed around staff (answer questions accordingly), environment (improve cleanliness) and food (meal temperatures/choices). Interviews with the business and care manager, and HCA's confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the national manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly.</p> <p>A health and safety system is in place. The health and safety committee team meets monthly. A health and safety rep (HCA) interviewed has completed external health and safety level two training. Hazard identification forms and an up-to-date hazard register were reviewed (last updated 21 February 2024). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Electronic reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in 12 accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Staff complete cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and</p>
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		<p>organisational practises.</p> <p>Discussions with the business and care manager, and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed and no outbreaks since the previous audit.</p> <p>The prospective purchaser has established and implemented quality and risk management programmes that they plan to implement at Holmwood Rest Home. It is anticipated this will have minimal impact, as the prospective purchaser has an experienced clinical quality consultant available to support implementation of the quality programme, benchmarking, and analysis. The prospective purchaser's policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across at Holmwood Rest Home.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Acuity and clinical staffing ratios are described in a policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The business and care manager confirmed at interview staff needs and weekly hours are included in the weekly report provided to the national operations manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand – Waitaha Canterbury. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff.</p> <p>The business and care manager, and clinical manager both work full time from Monday to Friday and are on call 24/7 for any non-clinical and clinical issues respectively. The RNs and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. At least one RN is rostered across morning, afternoon, and night shifts. Vacant shifts are covered by available HCAs, nurses, and bureau staff if needed. The RN performs the clinical manager's role in her absence, and the clinical manager would work in the business and care manager's role in her absence.</p>

		<p>Interviews with staff noted that as occupancy was increasing, the workload had changed and as numbers increase, the staffing numbers will increase. The business and care manager stated HCA turnover had been stable. Registered nurse recruitment has been difficult over the last 12 months, with a number of new RNs in place. The clinical manager and another senior RN provide clinical support after hours and in the weekends. The business and care manager provides non-clinical on-call support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews with residents and families/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Health New Zealand - Waitaha Canterbury and the Nurse Maude service. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori. The service shares health information (including Māori) collated with the quality data at all facility meetings. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 30 HCAs employed; 13 HCAs have achieved level four and 7 have a level three NZQA qualification.</p> <p>A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to) restraint, moving and handling and back care, hand hygiene, and donning on and off of personal protective clothing. A selection of HCAs have completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional RN specific competencies include (but are not limited to) subcutaneous fluids, syringe driver, and interRAI assessment competency. There are five of seven RNs who are</p>
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		<p>interRAI trained (including the clinical manager). All RNs are encouraged to attend in-service training on outbreak preparedness; wound management; pain management; medication and training related to specific conditions. Wellbeing support is provided to staff. Staff reported the management team are supportive.</p> <p>The prospective purchaser stated they are not anticipating any staff changes, including management, and they plan to maintain the staffing levels. Training will be provided to all staff with education and training consistent with their established education and training plan.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource policies including recruitment, selection, orientation and staff training and development are in place. Eight staff files were reviewed, including one clinical manager, one RN, four HCAs, one activities coordinator and one maintenance person. Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Staff files reviewed included a signed employment contract, job description, and induction documentation relevant to the role the staff member is in. Further to this, there are job descriptions for roles which have extra responsibilities and additional functions, such as holding a health and safety portfolio or infection prevention portfolio; these are signed and on the personal file. A register of RN practising certificates are maintained within the facility.</p> <p>Practising certificates for other health practitioners are also retained to provide evidence of their registration. An appraisal policy is implemented, and six staff who have been employed for over one year had an annual performance appraisal completed; the two other staff had recently been employed. An induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports RNs and HCAs provide a culturally safe environment to Māori.</p> <p>Healthcare assistants interviewed reported that the orientation</p>

		<p>process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. If agency staff are used, the orientation includes health and safety and emergency procedures (clinical and non-clinical). An orientation programme and policy for volunteers is in place. There are currently no volunteers. Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. There is wellbeing support available to staff.</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 accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Clinical records policy and processes are in place. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Oceania business continuity plan in case of information systems failure. Electronic resident management and medication systems are in place. Both systems are protected from unauthorised access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents or staff archived files are securely stored. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. The nurses' station is an area that also has the medications stored there. The service is not responsible for National Health Index registration.</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</p>	<p>FA</p>	<p>Comprehensive policies are in place to guide management around admission and declining processes, including the required documentation. Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The management team screen the prospective residents. In cases where entry is</p>

<p>care. 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>declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The business and care manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>A record of residents who enter and are declined are maintained. The business and care manager advised that the facility collects ethnicity data for admitted and declined residents. The service has an information pack relating to the services provided at Holmwood Rest Home, which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility provides a person and whānau-centred approach to services based on the five pillars of wellbeing. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. There were no residents who identified as Māori. Staff are available to residents and whānau to provide supports as required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed: five hospital, including one resident on an ACC contract, one resident on an end of life contract, and one resident on LTS-CHC contract; and two rest home residents. The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. This was documented in progress notes and case conference records. The service provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plan.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI</p>

	<p>assessment. Initial assessments and care plans are completed on admission to the service within required timeframes. Nutritional requirements are completed on admission and discussed with kitchen staff. Cultural assessments for residents, and values, beliefs, and spiritual needs are documented in the care plan. Long-term care plans had been completed for all long-term residents (including residents not on the aged-related residential care contract) within 21 days of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments are reflected in the long-term care plan in sufficient detail to guide care staff. Routine care plan evaluations were all completed six-monthly and included progress towards meeting care goals. Short-term care plans were well utilised for issues such as (but not limited to) infections, skin condition, acute change, Covid-19, and wounds.</p> <p>A Māori health care plan (called Māori and Pasifika Health Plan) is available and used for those residents identifying as Māori. At the time of the audit there were no residents who identified as Māori. The clinical manager who was interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence.</p> <p>All residents had been assessed by the general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The contracted NP service visits routinely at least once a week and provides out of hours cover. The NP (interviewed) commented positively on the quality of nursing assessments and triaging residents with acute needs appropriately. Specialist referrals including physiotherapy are initiated as needed. The physiotherapist visits the service once a week for four hours. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service has a contracted podiatrist who visits regularly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Health New Zealand – Waitaha Canterbury.</p>
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		<p>head injury. Incident reports sighted included appropriate RN follow up and investigation. The clinical manager completes a post fall review daily and a monthly collation and analysis of all falls that occur with residents, and short-term care plans are commenced as required. Fall incidents, analysis, corrective actions, and outcomes are discussed in the clinical meeting and staff meetings. Residents are referred to the GP or NP for review after all falls. There is physiotherapy input evident for residents with multiple falls.</p> <p>The prospective purchaser plans to change to another electronic resident management system to allow data to be shared across other facilities they own.</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 service employs an activities coordinator who provides a wide range of activities between Monday and Thursday. An activities assistant provides activities Thursday and Friday. Activities assessments are completed within 21 days of admission using the 'about me', leisure, life history and pastoral care assessment forms. These are used to form the basis of the activities care plan. Activities care plans are reviewed at least six-monthly. Progress notes and attendance records are maintained.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. The weekly activities calendar includes celebratory themes, events, and a wide range of activities that includes (but not limited to): art and craft; bowls; bingo; shopping; church services; and musical activities.</p> <p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of te reo Māori in everyday conversations, dual language signage, movies, arts, and crafts (cloak making), kapa haka from local school children, quizzes, and Māori celebratory events. The service encourages staff to support community initiatives as and when they eventuate, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local churches and schools.</p> <p>Residents who choose not to participate regularly in group activities</p>

		<p>are visited one-on-one. Community visitors include entertainers, pastoral care, church services visits, school/ preschool children and pet therapy. The service has a van available for once-weekly outings. Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available.</p> <p>Family/whānau interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via surveys and resident meetings.</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>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process and all RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and blister packs for 'as required' and short course medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident's medications are appropriately stored in the facility medication room and locked trollies. The medication fridge is monitored daily, and the temperatures were within acceptable ranges. Medication room temperatures are checked daily; however, not all monitoring was recorded within acceptable limits. All eyedrops and creams have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP or NP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There was one resident self-</p>

		<p>medicating on the days of audit. The appropriate consent, assessment and evaluation forms were completed as required and the resident had a locked draw in their room for safe storage. No standing orders are used.</p> <p>There is documented evidence in the electronic clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The RN's and clinical manager described working in partnership with Māori whānau to ensure the appropriate support is in place, advice is timely, treatment and services are easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The interviewed residents and family/whānau expressed satisfaction with the food portions and options. The food control plan is current and expiring 28th of March 2025.</p> <p>All the meals are cooked on site by an experienced kitchen manager and served directly to residents in the dining room or dished and transported to the care suite dining room on covered plates. The kitchen meets the needs of residents who require special diets. The menu has been approved by a registered dietitian, with the last menu review completed August 2023. The menu is available and distributed to the residents, provides variety, and allows a choice of meals; likes and dislikes are catered for.</p> <p>A resident dietary profile is developed for each resident on admission which identifies dietary requirements, likes, dislikes and any cultural considerations; this is provided to the kitchen and updated as the resident needs change. The kitchen staff work closely with the RNs on duty with resident's dietary profiles and any allergies are made known to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>Staff were observed to be wearing correct personal protective clothing (including hats). Serving temperatures are taken on each meal. Chiller temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the</p>

		<p>pantry and chiller.</p> <p>A tour of the kitchen on the day of the audit identified multiple areas where the cleanliness of the environment was below expected standard. In identified cases, the reason was related to bare wooden surfaces and damaged flooring which were unable to be effectively cleaned (link 4.1.1).</p> <p>Resident meetings and one-to-one interaction with staff in the dining room allows the opportunity for feedback on the meals and food services. The kitchen manager (interviewed) also consults directly with residents to gain feedback of the food services and communicates with the organisational dietitian for adjustments to the menu if any special requests are required. The kitchen manager stated they are able to implement menu options for Māori residents and consult with residents on the food and their choices. The kitchen manager, RNs and HCA's interviewed understood basic Māori practices in line with tapu and noa. The kitchen provide food for the cultural themed days in line with the theme. The kitchen staff are trained in safe food handling. Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There are documented policies and procedures to ensure transition, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or family/whānau contact details, latest medication chart, progress notes and last GP notes. The residents (if appropriate) and family/whānau are involved in all transfers and discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</p> <p>Discharge notes are uploaded into the resident's electronic record and any instructions are integrated into the care plan. The RNs stated a</p>

		comprehensive handover occurs between services.
<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>PA Moderate</p>	<p>The building holds a building warrant of fitness, expiring 20 June 2024. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs an experienced maintenance officer for 30 hours a week. An Oceania organisational maintenance team provide ongoing support as required and cover for leave. There is a contract gardener working approximately two days per week. Maintenance requests are documented in a log at reception and a second logbook in a central area at the other end of the facility and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical checks, call bell checks, calibration of medical equipment, and monthly testing of hot water. Essential contractors such as plumbers, plasterers, carpenters, and electricians are available 24 hours a day as required.</p> <p>Electrical equipment is checked for compliance, and this has been completed by the Oceania maintenance team in December 2023. Annual checking and calibration of medical equipment, hoists and scales was completed in June 2023. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The facility has two adjacent centrally located dining rooms, a lounge area and an additional smaller lounge sunroom. The main dining room is adjacent to the kitchen and caters for most residents. The second dining room located beside the main dining room is used for those residents who require additional support. The kitchen has identified maintenance issues which have been requested at organisational levels, and has not yet been evidenced as actioned.</p> <p>There is an on-site laundry located in a separate building which caters for personal laundry. The laundry walls require maintenance following installation of laundry equipment, and there were areas in the kitchen that also required maintenance; however, these had not been</p>

		<p>documented as being reported to maintenance.</p> <p>There is a lounge and dining room in the care suite area. Activities are held in the lounges. Seating in the lounge area is placed appropriately to allow for groups and individuals to relax or take part in activities. The area is spacious and light and has access to an internal courtyard with outdoor furniture, raised gardens, seating, and shaded areas. There were other small seating areas around the facility for residents to enjoy. The flower gardens and grounds around the facility are well maintained. All indoor and outdoor communal areas are easily accessible to residents (including walkers and wheelchairs).</p> <p>The corridors and bedrooms are carpeted. Vinyl surfaces are in all bathrooms/toilets and the kitchen. There are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. The care suites include a kitchenette and have ceiling hoists available. All resident rooms in the care suite are single use and include full ensuites with toilets and shower. Nine rooms in Zone D share communal toilets and showers. All other rooms have an individual ensuite. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences.</p> <p>All showers/toilets have appropriate flooring and handrails; however, the staff and visitors' toilet require repairs to wall and skirting surfaces.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is radiator heating in all rest home and dual-purpose resident rooms. There is panel heaters in a small selection of dual-purpose rooms and heat pumps in the care suites, corridors and communal areas, which can be controlled/monitored by residents and staff.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the service will consult with local Māori to ensure aspirations and Māori identity is included.</p> <p>The prospective purchaser has no plans to change the building and is aware of their obligations to consult with Māori should this be considered in the future.</p>
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<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>Emergency management policies, a site-specific emergency disaster plan, and a pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is a minimum of one first aid trained staff member on every shift. The facility has an approved fire evacuation plan (dated 9 October 1996). Fire evacuation drills take place every six months, with the last drill occurring on 27 November 2023. A contracted service provides checking of all facility equipment, including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and ongoing training. Information around what to do in an emergency and security is included in the resident's admission pack. There are civil defence supplies available which are checked annually; last completed on 3 April 2024.</p> <p>There is sufficient water stored for three litres per day, for three days per resident, with 12 litre containers stored in each resident room and additional container stores of 410 litres in the store room. There are alternative cooking facilities available with a gas burner and barbeque. There is sufficient dry food stored in the kitchen. There is back up emergency lighting available for up to two hours; lights were recently changed to LED. The facility does not have a generator on site; however, have an agreement in place with a local contractor for one to be supplied if required.</p> <p>The facility is secured at night with external exits locked by staff at dusk. There are call bells in the residents' rooms, and lounge/dining room areas. There are electronic monitors in the hallways that indicate where the call bell ringing is located. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. There is external security lighting installed around the facility and within the carpark area. All visitors and contractors must sign in. Contractors' complete orientation specific to the site's health and safety requirements.</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>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported at the executive (governance) level. The programme has been reviewed on an annual basis. The 2024 clinical excellence strategy and quality plan includes references to infection prevention control. The infection control coordinator (clinical manager) described accessing Health New Zealand - Waitaha Canterbury infection control specialist teams who provide local /regional support and advice as and when needed.</p> <p>The clinical manager collects infection data monthly on infection rates and presents these at the quality/staff meetings. Data was being benchmarked monthly and feedback/graphs provided to staff as part of their quality programme. This information is included in the national business planning process and strategies. The infection control coordinator reports at the monthly quality/staff meeting and this information is reported through to the national infection control group bi-monthly and to the Board.</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. 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>FA</p>	<p>The clinical manager is the infection control coordinator overseeing the implementation of the infection control programme. There is a signed job description. As part of this role, the infection control coordinator has completed external training around infection control and anti-microbial stewardship. A suite of infection control policies and procedures are available to staff, including (but not limited to) outbreak management; staff vaccination policy; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies have been updated and reflect the spirit of Te Tiriti o Waitangi. The organisation has approved the infection control programme. A comprehensive organisational pandemic plan in place.</p> <p>Support and physical and learning resources are made available through Health New Zealand - Waitaha Canterbury when required. Personal protective equipment is available, and a comprehensive stock balance is maintained to support any outbreak. Training is part</p>

		<p>of orientation and ongoing training is led by the infection control coordinator. Input into clinical procedures policy documents is sought from the infection control team. Staff provide feedback on new and updated policies/procedures. Policies include single use items which is implemented. Cleaning procedures are in place around sharing medical devices such as sphygmomanometers. Internal audits are completed, and corrective actions are implemented and signed off when completed. The infection control coordinator makes recommendations to the business and care manager regarding equipment and consumables required for the service.</p> <p>Educational resources in te reo Māori can be accessed online if needed and there is a comprehensive hard copy of resources available for staff and residents. The infection control coordinator is able to consult with the cultural committee to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti o Waitangi. All staff are required to complete infection control education and are trained in cultural safety. Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles. The infection control coordinator interviewed described infection control input would be required in any environmental upgrades to the facility.</p> <p>The prospective purchaser plans to implement their established comprehensive infection control programme and antimicrobial programme which is linked to their electronic quality system.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</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>FA</p>	<p>The antimicrobial stewardship programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly, collated nationally and the information reported to the quality/staff meetings. The infection control coordinator monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Internal benchmarking takes place by surveillance of all infections (including organisms) and is entered into a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Ethnicity data is included in infection data. The quality manager performs benchmarking across the service and reports to the Board and clinical committee. Infection control surveillance is discussed at quality/staff meetings. A review of resident records includes communication and reporting of infections and treatment. There have been no outbreaks since the last audit in June 2023.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. The clinical manager on interview discussed the appropriate management and reporting of outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>The facility implements Oceania's waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room. There are two sluice rooms with appropriate PPE, a sanitiser and adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Observation confirmed that PPE was used in high-risk areas. Staff receive training and education in waste management, chemical safety, and infection control as a component</p>

		<p>of the mandatory training.</p> <p>There are designated laundry and cleaning staff seven days a week. Personal clothing is laundered on site; the sheets and towels are sent to an external contractor and returned to the laundry for sorting and distribution. The laundry operates seven days a week. There is a dirty to clean workflow in the laundry.</p> <p>There are housekeepers across seven days a week. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels and are refilled using a chemical dispensing unit. Residents and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes which is reviewed by the infection control coordinator. The chemical provider monitors the effectiveness of chemicals and laundry procedures.</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 restraint policy and business plan confirm that Holmwood Rest Home is committed to maintaining a restraint-free environment. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using the least restrictive practice. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The Governance Board is committed to providing services to residents without the use of restraint.</p> <p>The restraint coordinator is the clinical manager. The clinical manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. At the time of the audit, there was no restraints in use at Holmwood Rest Home. The use of restraint is discussed in the monthly quality/staff and RN/clinical meetings. Restraint minimisation training is included as part of the annual mandatory training plan and induction booklet. Holmwood Rest Home completes audits related to restraints; with the last completed in August 2023.</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Storage of medication is maintained in the two secure medication rooms. Room temperatures are recorded as scheduled daily. The temperatures in the medication rooms in the main medication room have on four occasions in last month’s monitoring evidenced temperatures above the policy and best practise guidelines. Temperatures have been routinely recorded by night staff and do not evidence the daytime temperatures. The temperatures in the kiwi medication room were within expected guidelines. Corrective action planning related to the medication room temperatures was not evidenced.</p>	<p>Medication room temperatures in one of the two medication rooms evidenced temperatures above 25 degrees on four occasions over the last month.</p>	<p>Ensure medication room temperatures do not exceed 25 degrees.</p> <p>60 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>There is an implemented preventative maintenance schedule and a reactive request log; however, not all areas needing repair had been reported to maintenance. Areas which had been reported to organisation property management have not always been actioned as required. These requested repairs include some that had been documented in the hazard register as a potential hazard. On the days of audit, areas needing repair were identified.</p>	<p>i) . On the day of audit, there were three large holes in the laundry walls. Maintenance were unaware and staff report it has been there for several years.</p> <p>ii). The visitor and staff toilet evidence skirting damage by water from the adjacent kitchen where the wood was swollen.</p> <p>iii). The kitchen floor surfaces are a mix of vinyl and tiles. The vinyl had multiple cracking and uneven levels and joins which do not meet. The tiles have areas which have been cracked and broken. There is evidence of multiple requests for repair over the last two years and the flooring is documented as a trip risk in the hazard register. The state of the kitchen flooring has impacted on the ability of staff to implement cleaning processes to required standards.</p> <p>iv). There is damage to kitchen walls exposing framing which require repair.</p> <p>v). Wooden pantry and kitchen shelving and wooden architraves evidence exposed bare wood surfaces. Some of these surfaces were noted to be swollen with visible grime which cannot be effectively cleaned due to the condition of the wood.</p>	<p>(i)-(v). Ensure reactive maintenance is reported and actioned in a timely manner.</p> <p>(iii). & (v). Ensure all surfaces in the kitchen meet expected standards of cleanliness.</p> <p>60 days</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, 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.