

Maniototo Health Services Limited - Maniototo Health Service

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 Central Region's Technical Advisory Services 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: Maniototo Health Services Limited

Premises audited: Maniototo Health Services

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 16 April 2024 End date: 17 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: 27

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

General overview of the audit

Maniototo Health Services Limited is a not-for-profit integrated hospital, rest home and community health centre based in Ranfurly, Central Otago district.

The facility provides hospital and rest home services for up to 31 residents, including six hospital medical beds. The general manager was responsible for the strategic management of the hospital/rest home and the oversight of day-to-day operations. The clinical manager has responsibility for the coordination of resident and inpatient care.

The kitchen was undergoing a major revamp at time of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the provider contracts with Health New Zealand Te Whatu Ora Southern. The audit process included review of policies and procedures, review of resident and staff records, observations, and interviews with residents, whānau, a general practitioner, and the board chairman. Observations were made throughout the audit including the medication round, meal service, laundry services and the activities programme.

There were no areas identified as requiring improvement.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service are fully attained.

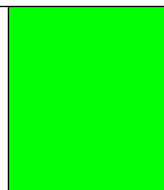
The service complies with Health and Disability Commission Code of Health and Disability Consumers Rights. Residents receive services in a manner that considers their dignity, privacy, independence, and facilitates informed choice. Care plans accommodate the choices of residents and/or their whānau.

Staff received training in Te Tiriti o Waitangi and cultural safety that was reflected in service delivery. Care was provided that focused on the individual and considered values, beliefs, culture, religion, and relationship status.

Policies were implemented to support residents' rights, communication, complaints management, and protection from abuse. The provider had a culture of open disclosure.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service are fully attained.

Maniototo Health Services Limited is governed by a board of seven elected members. The company strategy is implemented through a biennial plan. The operations manager and clinical manager have been in their respective roles since before their last audit. The organisations mission statement and vision were documented and displayed. The provider has a business and quality risk management plan.

Quality and risk management systems were in place. Meetings were held that included reporting on various clinical indicators, quality and risk issues and there was review of identified trends.

There were human resource policies and procedures that guide practice in relation to recruitment, orientation, and staff management. A staff training schedule was implemented. There were sufficient numbers of staff on site with the provision of afterhours support for clinical and operational issues.

Systems were in place to ensure the secure management of resident and staff information.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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There is a resident centred model of care in place which is implemented. Information is provided to potential residents and whānau that ensures they are involved in decisions.

Resident assessments were completed and informed care plan development. Care plans were implemented with input from the resident and whānau which contributed to achieving the resident's goals. Clinical staff complete regular reviews of the care plans. There was an activity programme facilitated to maintain resident's physical, social, and psychological health needs.

Medicine management systems and processes were in place and met legislative requirements. Staff who administered medication had completed competency assessments. The discharge and/or transfer of residents was safely managed. The general practitioner interviewed stated the provision of care met the resident's needs.

Meal services are provided in line with the nutritional needs of the residents. Residents' preferences and allergies are known to staff and managed. Residents inform the meals and snacks available through an established feedback system. The menu is approved by a registered dietician and there is a current food control plan.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The provider maintained an appropriate environment. A reactive and preventative programme was implemented. External areas provided safe seating and shade for residents who could walk freely around the gardens.

Resident rooms were of an appropriate size and allowed for personal memorabilia and additional furniture. Lounge and dining areas provided spaces for residents and their visitors. Communal and individual spaces were maintained at a comfortable temperature.

A call bell system allowed residents and staff to access help when required. Security systems were in place and staff were trained in emergency procedures and use of equipment/supplies. A system was in place that ensured power supplies would be maintained should the main supply fail at any time.

Emergency and security arrangements were outlined to all people using the services and/or entering the facility. All shifts had a staff member with a current first aid certificate on duty.

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

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

Subsections applicable to this service are fully attained.

The safety of residents, staff and visitors is supported through the infection prevention programme. The programme was appropriate for the size, complexity, and type of service. The antimicrobial stewardship programme is in place with data reviewed through regular planned meetings. The clinical nurse manager is the infection prevention and anti-microbial stewardship leader for the service and implements the programmes. The general practitioner supports both meetings through advice and meeting attendance. There is a pandemic plan in place that is annually reviewed. Staff training included infection control and antimicrobial stewardship. A surveillance programme was implemented. Infection data was collected and collated with benchmarking against national standards. Cleaning and laundry processes are implemented in line with best practice infection prevention and waste management guidelines.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service are fully attained.

The organisation has a restraint-free philosophy, and this is supported by the senior clinicians, general manager, and the Board. Staff have access to restraint minimisation policies and procedures. A comprehensive assessment, approval, and monitoring

process, with regular reviews, is accessed when required. The clinical manager is the restraint coordinator and leads the restraint approval process alongside the general practitioner. Staff discussed providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. De-escalation and restraint training is facilitated. There were two residents using an approved restraint at the time of the audit.

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	29	0	0	0	0	0
Criteria	0	179	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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>Staff received training in cultural safety at orientation and then annually. The training defines and explains cultural safety and its importance including Te Tiriti o Waitangi. Training records sampled evidenced that all staff had completed this except for new staff who were completing an orientation programme.</p> <p>The provider has a Māori health plan that recognises the principles of Te Tiriti o Waitangi and describes how the provider responds to Māori cultural needs in relation to health and illness. The health plan outlines that the recruitment of Māori shall be encouraged. The clinical manager (CM) outlined how this was implemented. The plan describes the aims of the provider to ensure outcomes for Māori are equitable. Strategies include but are not limited to identifying priority areas to focus upon and increase the knowledge base of staff underpinned by Mātauranga Māori. The document outlines the importance of ensuring any resident identifying as Māori would have the opportunity to have whānau involved in their care.</p> <p>The CM outlined the links that were established with the facility and local Māori.</p> <p>There were no residents who identified as Māori in the facility on day of</p>

		audit.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific plan outlines the providers commitment to providing culturally safe care. It defines and explains the cultural and spiritual beliefs of Pacific peoples. The policy was underpinned by Pacific models of care with contributions made by regional Pacific communities. The plan outlines how the provider will endeavour to achieve equity through partnerships and collaboration. The general manager (GM) outlined what Pacific community connections were in place and accessible within the region.</p> <p>The provider included a strategy that encourages the recruitment of a Pacific health and wellbeing workforce however the CM outlined this was extremely difficult due to the low numbers of Pacific people within the region currently.</p> <p>There were no residents who identified as Pacific on day of audit.</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) was on display throughout the facility written in English and te reo Māori.</p> <p>Staff discussed the Code and gave examples of how they met the Code when providing day to day care. Observation during the audit confirmed that care was provided in accordance with the Code. Staff records sampled evidenced that training regarding the Code formed part of the orientation schedule. Staff interview and review of admission packs confirmed that information regarding the Code was included in all packs with further explanation given by staff in regards what this means in relation to care delivery. Further discussion with staff and whānau interviews confirmed that residents, whānau and/or the enduring power of attorney (EPoA) had been consulted and involved in discussions regarding care and resident rights.</p> <p>An independent advocate is available to residents and attends resident meetings when able. Staff outlined that they were aware of the advocacy service and gave examples of when this support would be beneficial.</p>

		<p>Policy and practice include ensuring that all residents including any Māori residents right to self-determination is upheld and they can practice their own beliefs and values. The Māori health plan identifies how the provider responds to Māori cultural needs in relation to health and illness.</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 provider ensured that residents and whānau/EPoA were involved in planning and care which was inclusive of discussions regarding maintaining their independence. Resident, whānau, and staff interviews plus observation confirmed that individual religions, social preferences, values, and beliefs were identified and upheld. These were also documented in resident records sampled.</p> <p>The provider had policies and procedures that were aligned to the requirements of the Privacy Act and Health Information Privacy Code to ensure that residents rights to privacy and dignity were upheld. Staff resident, and whānau interviews plus observation confirmed that staff knock on doors before entering, address residents using their preferred name and maintain confidentiality when holding conversations that were personal in nature.</p> <p>Staff receive training in Te Tiriti o Waitangi and tikanga best practice and have additional resources available to provide ongoing guidance. The clinical nurse manager (CNM) takes responsibility for monitoring staff compliance with this. Staff were encouraged to learn and use basic greetings in te reo Māori. Signage throughout the facility was in te reo Māori and English.</p> <p>The provider supports Tāngata whaikaha to do well with documentation outlining how staff work in partnership with residents to ensure strengths and abilities were maintained. Evidence of how this was achieved was visible within resident records sampled.</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</p>	<p>FA</p>	<p>There was policy that included definitions, guidelines, and responsibilities for staff to report alleged or suspected abuse. Staff received orientation and mandatory training in abuse and neglect. Interviews confirmed their awareness of their obligations to report any</p>

<p>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>incidents of suspected abuse. Staff and whānau confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement provides clear expectations regarding management responsibilities of personal property and finances. Resident agreements sampled had all been signed with consent documented for the provider to manage residents comfort funds. Discussion with the CM, and review of systems implemented evidenced that residents comfort funds were managed safely and accurately. Resident and whānau interviews outlined that staff respect resident's property.</p> <p>There were policies and procedures to ensure that the environment was free from discrimination, racism, coercion, harassment, and financial exploitation. They provide guidance to staff on how this was prevented, and where suspected the reporting process.</p> <p>Staff were required to sign and abide by the providers code of conduct and professional boundaries agreement. All staff records sampled evidenced that these were signed. Staff mandatory training included maintaining professional boundaries. Discussion with staff confirmed their understanding of professional boundaries relevant to their respective roles. Whānau interviewed confirmed that professional boundaries were maintained.</p> <p>Whānau interviewed described how they felt confident their relative was in safe hands and were complimentary of the level of care. Whānau provided further evidence that they felt comfortable to raise and concerns any that discussions were free and open.</p> <p>The Māori health plan promotes a strengths based and holistic model of care for Māori. Resident files sampled confirmed that care was provided using a holistic model and resident's strengths were focused on.</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</p>	<p>FA</p>	<p>There was policy to ensure that residents and their right to comprehensive information supplied in a way that was appropriate and considered specific language requirements and disabilities. The GM confirmed that if required interpreters could be accessed from Health New Zealand – Te Whatu Ora Southern.</p>

<p>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>Resident records sampled evidenced that other health agencies were involved in resident care providing additional assessments and treatment regimens as required.</p> <p>There was policy which required whānau to be advised within 24 hours of an adverse event occurring. Review of accident/incident information and staff and whānau interviews confirmed that timeframes were met, and open disclosure had occurred following an adverse event involving a resident.</p> <p>Three monthly resident meetings were scheduled, and review of documentation and staff interview evidenced that these had occurred as planned. Whānau attend and a small but adequate number of items were raised for discussion evidenced within the meeting minutes. Meetings were advertised in the activities planner, with reminders of what was coming up placed on notice boards and was included within the newsletter. Copies of the menu and activities plan were made available to residents and whānau.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The informed consent policy was in line with the Code and included the process to be followed for advanced directives. The policy outlined how staff were to ensure residents and/or their whānau were to be given time and appropriate information to enable informed consent for all aspects of care. Resident records sampled included signed consent for photographs, collection and sharing of information and outings.</p> <p>All resident records sampled had the resident's resuscitation status documented and signed by the general practitioner (GP).</p> <p>Staff interviewed were able to outline tikanga guidelines and that this had been a component of their orientation and ongoing in-service education. Whānau interviewed confirmed they had been given sufficient information and timeframes to make decisions appropriate to their relative's care.</p>
<p>Subsection 1.8: I have the right to complain</p>	FA	<p>The provider had a complaint process that aligned with consumer rights legislation. The process was confirmed to be transparent and equitable</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>and formed part of the admission information given to residents and/or whānau. Complaint forms were easily accessible within the facility with reminders about the process available in poster form throughout the facility. Residents and whānau confirmed they were aware of the process to make a complaint and acknowledged they were encouraged to give feedback. The CM confirmed that support was readily available for Māori residents/whānau to navigate the complaints process.</p> <p>All complaints received were lodged on the electronic system. The complaints register was reviewed. All complaints lodged had been managed in accordance with the providers policy and procedure. Evidence was provided that the complainants had been informed of the outcome. The complaints that remained open were either recently received or were awaiting updates and/or input from external services.</p> <p>It was reported that there were no complaints lodged with external agencies at time of audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Maniototo Health Services Limited is a not-for-profit integrated hospital, rest home and community health centre. The governance structure in place monitors compliance with legislative, contractual, and regulatory requirements as outlined by the board chairman. The board has been unable to secure Māori representation however a formal community link within the local Māori community ensures the provision of guidance to the organisation to ensure actions were embedded that enacts the principles of the Te Tiriti o Waitangi. It was reported that the organisation continues to focus upon its obligations under Te Tiriti o Waitangi and cultural safety.</p> <p>The annual strategic business plan has key outcomes which are resident centred, such as health and safety, complaints, education, and fiscal stability. These were monitored at board meetings.</p> <p>The organisation has a documented strategy plan incorporating their vision, mission, and values statements. The document was reviewed annually by the board. The organisations values were displayed and documented.</p> <p>The Māori health plan describes how the organisation was aware of</p>

		<p>barriers and inequities for Māori and how to reduce them. Staff were encouraged to learn and use basic Māori greetings and upskill in Māori tikanga. Whānau were encouraged to have input into service improvement as confirmed by staff and whānau.</p> <p>The GM has a varied background in primary and secondary services within the health sector.</p> <p>The CM has a broad background in acute care and outlined the additional work undertaken to ensure clinical competency was maintained.</p> <p>The organisation has implemented robust systems to support quality and risk management with a wide range of information gathered to inform service delivery.</p> <p>The Māori health plan outlines the organisations commitment to improving outcomes for Tāngata whaikaha. This includes the support required to achieve aspirations and reduce barriers. The organisation continues to focus on the need to prioritise the building of relationships with Māori.</p> <p>There is an appropriate clinical governance structure in place appropriate to the size and complexity of the service provided.</p> <p>The facility provides hospital and rest home services for up to 31 residents, including six acute hospital medical beds. There are 25 dual purpose beds and six medical. On day of audit there were 12 rest home, 13 hospital level and two medical beds occupied. All long-term residents have single rooms. Plus, three rooms can accommodate two people. On day of audit two residents who were not related had agreed to share a double room. This was confirmed through consent documentation and interviews.</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</p>	<p>FA</p>	<p>The organisation has an annually reviewed quality and risk management plan. The plan outlines the identified internal and external organisational risks and the quality framework utilised to promote continuous quality improvement. There were policies, and associated systems to ensure that the organisation meets accepted good practice and adheres to relevant standards relating to the Health and Disability Services (Safety)</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>Act 2001. The annual Maniototo health services resident/whānau survey was reviewed for 2023 with results highlighting positive feedback and high satisfaction rates.</p> <p>There was an implemented annual schedule of internal audits. Areas of non-compliance including the implementation of a corrective action plan was the responsibility of the GM and or CM dependant on the issue being operational or clinical. A broad range of information was collated monthly and relayed to the board.</p> <p>The CM took responsibility for health and safety. The provider has made a commitment to ensuring all staff were aware of the importance of health and safety with an ongoing focus on minimising accidents or incidents.</p> <p>The provider had a set schedule of meetings in place including health and safety, staff, registered nurses (RNs), resident/whānau. Meeting minutes outlined who attended, what was discussed, who was taking responsibility for follow up and when the issue was closed.</p> <p>The organisation follows the national health quality safety commission (HQSC) adverse event reporting policy for internal and external reporting. The CM confirmed that a section 31 was completed appropriately for a pressure injury.</p> <p>The organisation's commitment to providing high quality health care for Māori was stated within the Māori health plan. This included the provision of appropriate education for staff, supporting leaders to champion high quality health care and ensuring that resident centred values guide service delivery decision making. The organisations progress in these domains was followed at board level and improvement plans created when progress was less than optimal.</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</p>	<p>FA</p>	<p>The organisations staffing policy includes the rationale for staff rostering and skill mix. Review of rosters evidenced that unplanned absences were covered appropriately by part time staff working additional hours and the utilisation of casual pool staff.</p> <p>Review of the providers staff training schedule, review of staff records, and interviews evidenced that employees have the appropriate</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>qualifications to fulfil their roles. The GM works part time and provides support after hours for operational issues when required. The CM works full time and provides support after hours for clinical issues. The morning shift comprises of one registered nurse (RN), four health care assistants (HCAs), and one HCA working a three-hour shift. The afternoon shift comprises of one RN, two HCAs, and one HCA working a three-hour shift. The night shift comprises of one RN and one HCA.</p> <p>Nonclinical staff included kitchen, cleaning and maintenance personnel. The activities programme ran five days per week led by an activity's coordinator. Laundry and cleaning staff worked part time across seven days. Interviews with staff, residents and whānau advised that staffing levels were satisfactory, and they were not aware of any staffing issues impacting on resident care.</p> <p>There was an implemented training programme. Staff competencies, training and education scheduled were relevant to the needs of the residents. Staff attendance records and discussion with the CM evidenced that compliance with training is high with a plan in place to ensure all staff attend training as required. The current cultural safety training schedule provides staff with the resources to support their practice to achieve equitable health outcomes. Four RNs have completed interRAI training.</p> <p>The provider collects both staff and resident ethnicity via an online platform. Support systems promote staff wellbeing with staff interviewed confirming the work environment was supportive and they felt valued as employees.</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</p>	<p>FA</p>	<p>The organisations human resource systems and policies outline the principles of good employment practice and the Employment Relations Act 2000. Staff records sampled evidenced that policy and procedure had been consistently followed.</p> <p>The recruitment process includes police vetting, reference checks, and validation of annual practising certificates/qualifications. Current practising certificates were sighted for those staff and contractors that required these. The CM was responsible for ensuring annual compliance. Job descriptions include accountabilities/responsibilities</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>specific to the role with clear outline of who they report to. Personnel involved in driving the van used for resident outings held driver's licences without any driving convictions and had current first aid certificates.</p> <p>There was a documented and implemented orientation programme and staff records evidenced this was completed. Orientation covered the essential components of service delivery with specifics to their individual roles included. Staff confirmed completing this.</p> <p>Annual performance reviews were current with staff interviewed advising they had a performance review within the last twelve months and found the process supportive.</p> <p>The collection of ethnicity data was guided by the Health Information Standards Organisation (HISO) Ethnicity Data Protocols HISO 10001:2017. Staff records sampled evidenced that ethnicity data was recorded and used in accordance with HISO. Information held was accurate, relevant, secure and confidentiality was maintained.</p> <p>The GM confirmed that a debrief process could be put in place when required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident's records and medication charts were a blend of electronic and hard copy. Resident information including progress notes were entered into residents' records in an accurate and timely manner. The name and designation of the author was identifiable. Resident notes were completed every shift.</p> <p>There were policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff confirmed their awareness of their obligation to maintain confidentiality of all resident information. Resident care and support information can be accessed appropriately and was protected from unauthorised access.</p> <p>Records include information obtained on admission and information supplied from the resident's whānau/EPoA. Other information including assessments and reports from other health professionals were included within the resident records.</p>

		<p>The provider gathers information on admission regarding a resident's ethnicity. The provider was not required to gather data requiring the national health index (NHI).</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>On admission residents and their whānau are provided written and verbal information. Any questions raised are answered by the clinical manager and registered nurses. Admission packs provided comprehensive information. This is available in multiple languages if required, written in plain language and includes key messages. Staff interviewed reported they could access interpreter services if required.</p> <p>There were documented entry policies and processes in place and staff interviewed were able to discuss how these were implemented. Clinical records sampled, and residents and family/whānau interviewed, confirmed that entry requirements were met. Admission information, discharge and decline rates are analysed via a monthly report. Ethnicity data is included.</p> <p>Residents and whānau interviewed reported they were treated with respect throughout the admission process and understood the rationale for information required during the process, for example EPoA status. They also confirmed that any questions raised were answered by staff in relation to the admission process.</p> <p>Staff interviewed confirmed the declined service process includes communication with the referrer/family/whānau, alongside completing required documentation. In situations where the residents care requirements are outside the scope of the provider, referral to other health/disability providers is completed. The clinical manager reported this was rare as this rural service focussed on maintaining availability to local people. The general practitioner (GP) confirmed in interview the referral pathways commonly used and these included Dunedin Public Hospital. Transfers occur in collaboration with the needs assessment and service coordination service (NASC).</p> <p>The provider organisation has established relationships with Māori individuals in the area to ensure appropriate support for tāngata whenua. There were no residents who identified as Māori at the time of the audit.</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>Documented residents' assessments were completed on admission by a registered nurse and a medical practitioner. The assessments included the resident's history, pain, nutrition, mobility, skin condition, cultural needs, and spiritual wellbeing. Documentation of the resident's life experience is also recorded. The assessments sampled had been completed in consultation with the resident and whānau. The progress notes sampled; documented discussions were held with the residents around their care and the effectiveness of actions taken each shift was recorded. Consent documents were documented in clinical files sampled.</p> <p>Staff interviewed and education records reviewed, confirmed that staff had completed cultural training. Staff interviewed discussed how they implemented the learnings of tikanga Māori into their practice and provided examples. Observations on site confirmed staff incorporated tikanga into day-to-day facility operations. The activities coordinator implemented cultural activities which included activities related to Waitangi Day and Matariki.</p> <p>The electronic clinical files sampled were integrated and included documentation from all members of the multi-disciplinary team (MDT). Completed assessments were also contained in the clinical file. Resident and whānau interviews confirmed MDT meetings for reviews were undertaken with the residents, GP, staff, whānau and EPoA. The provision of care reflected in the care plan is consistent with, and contributes to, meeting the residents assessed needs, goals, and aspirations. Support is identified for whānau, and those interviewed confirmed they felt supported. They positively reported on the homely nature and inclusive aspects of support provided by staff. Staff discussed service provision to include providing services free from stigma and those which promote acceptance and inclusion.</p> <p>Risk assessments were completed by staff, and this is an ongoing process. Any changes in the resident's condition are documented and were escalated where needed to senior clinical staff and the GP for example, following a residents fall with possible injury. Incidents/events are documented, and reviewed to ensure oversight of actions taken are sufficient and appropriate. Information related to incident events are</p>

		<p>reported monthly through the general manager to the board. Indicators such as the incidence of falls, wounds, and infections are monitored and managed by the clinical manager and registered nurses.</p> <p>The clinical records sampled demonstrated that reviews of resident care were ongoing with MDT meetings completed a least six monthly. All reviews were completed by registered health professionals including doctors, nurses, and physiotherapists. Handover meetings between each shift ensure residents progress towards meeting identified goals was considered. Where progress was different from that expected, changes to the resident's care plan were made and actions implemented. This was verified in clinical files sampled and during staff, resident and family/whānau interviews. Short term care plans were in place where required.</p> <p>The organisation has developed policies and procedures in conjunction with the other relevant services and organisations to support tāngata whaikaha. These services and organisations had representation from tāngata whaikaha. Interviews with staff confirmed that staff were able to facilitate tāngata whaikaha access to information should this be required.</p> <p>Staff discussed their understanding of support required for Māori and whānau to identify their own pae ora outcomes in their care or support plan, and how these could be achieved and documented if required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There were multiple lounges of varying size available to residents. The main lounge was utilised most during the audit period. The lounge was large with a kitchen and comfortable chairs and a television. There were a variety of resources available including books, DVDs, magazines, newspapers, cards, and jigsaws. An external library service visits weekly. There is an activities coordinator (AC) employed for Monday to Friday. A diversional therapist is available casually and supports the delivery and planning of the programme. Health care assistants HCAs support activities in the weekend. The service has a van with wheelchair access. Weekly outings are facilitated, and residents reported during interview that these are enjoyed.</p> <p>The monthly activities plan was reviewed and included a variety of physical, intellectual, and pleasurable activities for groups and individuals. One on one time is provided and includes hand massages,</p>

		<p>card making and reading. Staff and residents interviewed confirmed community groups are welcomed to the facility. Observation confirmed residents appeared positively engaged with the activities coordinator and the activities undertaken at the time of the audit. Families/whānau are encouraged to join in where possible. Activities plans sampled confirmed plans were up to date and individualised.</p> <p>Clinical files sampled across all services evidenced that the residents' strengths, skills, and interests had been assessed and were considered when planning care. A whole of team approach was engaged to support the resident's care. The audit team observed a happy environment with positive engagement between residents, whānau and staff. Information was displayed for residents and family/whānau related to service aligned community groups in communal spaces and in each bedroom. Staff discussed residents leave where this was possible and how this was facilitated and supported. Families/ whānau are encouraged to visit and spend time doing activities in the gardens outside or in quiet spaces.</p> <p>Staff interviewed confirmed that they had been enabled to complete Māori cultural awareness education. Senior staff interviewed onsite confirmed the involvement of local Māori in the delivery of services is encouraged and reflected the strategic documents.</p> <p>On admission the nursing staff discuss with the resident their cultural requirements, and these are documented. Individual files sampled confirmed these were completed in detail.</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>A current medication management policy identifies all aspects of medicine management in keeping with relevant legislation, standards, and guidelines. The electronic medicine management system was observed on the day of audit, and it was evidenced that prescribing practices are in line with legislation. The required three-monthly GP reviews were recorded electronically. Resident allergies and sensitivities were documented alongside effectiveness of pro re nata (PRN) medication administered.</p> <p>There is one centrally located medication room which is temperature controlled. A medication fridge, also temperature controlled is inside the room. Temperatures of the room and fridge are documented and were</p>

		<p>within the required range. Two medication trolleys were available to provide opportunity for efficient medication administration. The facility uses pharmacy pre-packaged medicines that are checked by the RN on delivery. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Out of ordinary medicines prescribed can be delivered on the same day if necessary. Weekly checks of medications and six-monthly stock takes are conducted in line with policy and legislation.</p> <p>Medications were stored securely in accordance with requirements. Medications are checked by staff who have completed the medication competency, both RNs and HCAs. Staff observed administering medication demonstrated understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. Current medication competencies were evident in staff files. Education for residents regarding medications occurs on a one-to-one basis by the GP, CM or RN.</p> <p>Controlled medication is checked by two competent staff. There is a system in place for PRN medication and staff interviewed confirmed this. The CM reported the minimal use of PRN medication, and this was confirmed during review of medication documentation. In all medication files sampled, all PRN medication documentation was appropriately completed to include indications for use and effectiveness.</p> <p>There were no residents self-administering medication at the time of the audit and no standing orders in place for the rest home and hospital service. There are standing orders in other areas of the service not audited at this time. There is a policy and procedure available to staff should a resident wish to self-medicate which includes approval by the GP. Staff confirmed that over-the-counter medications and traditional Māori medications would be prescribed by the GP following discussion with the resident their family/whānau. Information related to medications could be accessed locally in Māori should this be requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The facility has a Dietitian approved seasonal meal plan. The current Food Control Plan expires 17 December 2024. The facility has a</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>contracted Dunedin based food service and kitchen stock provider. Meals are prepared and chilled offsite and transported daily from Dunedin arriving between 2000 and 2100 hours daily. The food is checked in to the facilities chillers and temperatures are monitored. Three meal services were observed. Food reheated and temperature tested before service. Plating was attractive and residents expressed satisfaction with the service. A comfortable and homely atmosphere was observed throughout the dining experience. Snacks are available across the day and night Feedback provided by residents inform the meal and snacks provided. Family/whānau interviews confirmed satisfaction with the food service and confirmed that should their relative desire to be involved in food preparation they felt this could be facilitated. Sufficient stores were available for more than three days if required in an emergency.</p> <p>As part of the assessment process when residents are admitted, staff identify any allergies/sensitivities/ special diets and preferences. Information is then provided to the kitchen staff on the same day of admission. Special diets are requested and provided where indicated. Staff and residents interviewed that the meal service is responsive to resident preferences. Observation of the kitchen confirmed clean neat orderly areas with resident sensitivities listed. The kitchen was undergoing major alterations at the time of the audit. However, staff maintained a clean and uncluttered environment. Staff confirmed they were aware of resident allergies/sensitivities and those residents requiring special foods. Staff were observed assisting with meals and this was done sensitively and carefully.</p> <p>All food temperature documentation sighted confirmed food was managed safety at required temperatures. Fridge and freezer temperatures were monitored.</p> <p>There are opportunities for Māori residents to request special diets and this was confirmed in staff interviews.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best</p>	<p>FA</p>	<p>There are policies and processes that guide transition, transfer, and discharge of residents. Staff interviewed were aware of the procedures required and discussed these during the audit. Documentation reviewed</p>

<p>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>evidenced that transition, transfer, and discharge was planned and in response to the resident's health and well-being and this was confirmed during staff interviews. The clinical files sampled, and staff interviews undertaken confirmed that the discharge process was completed in a timely manner to meet the needs of the resident.</p> <p>Staff interviewed were able to discuss other health and disability services and/or social support agencies that were suitable where indicated. Brochures were displayed in the facility that provided information about a range of community services.</p> <p>Individualised discharge plans are discussed at MDT meetings as required or at least six monthly. Interviews and clinical files sampled documented that the required assessments and interventions had been completed to meet any discharge planning goals and mitigate risks associated with transfer/discharge.</p> <p>Where needed staff can identify kaupapa Māori services as options for residents when transfers/discharges these would be considered for Māori residents. Staff confirmed their relationships with kaupapa Māori services.</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>The building warrant of fitness (BWOFF) was due to expire in June 2024. Plant and equipment complied with legislation relevant to the service provided. A major revamp of the kitchen was in progress during the audit. All health and safety measures were in place to ensure hazards were recognised and managed appropriately and the normal food service could continue unhindered. A preventative and reactive maintenance schedule was implemented. The provider had a hard copy system in place to record all maintenance issues. The maintenance person outlined that they followed a routine schedule that included hot water checks and frequent review of the call bell system. The maintenance person worked in tandem with the GM and CM to ensure anomalies were addressed. Staff advised they were aware of the system to log maintenance requests and that issues were resolved in a timely manner.</p> <p>Interviews with staff and visual inspection confirmed that there was adequate equipment to support care. The facility had an up-to-date</p>

		<p>testing and tagging programme which also included calibration of equipment. There was a system in place to ensure that the facility van was routinely maintained with registration and warrant of fitness remaining current. All staff who drive the van were required to have a driver's licence with no previous driving convictions and a first aid certificate.</p> <p>The residents can enjoy different areas of the garden that are shaded and provide seating. A recent addition to the facility has been the provision of a deck exterior to the dining room. The garden areas evidenced recent maintenance. Ramps and handrails facilitate ease of access around all areas of the facility. Corridors and bedrooms have sufficient space to enable residents to mobilise safely and independently. There was a system to identify, report, manage and monitor hazards.</p> <p>The facility has adequate space for equipment, and both individual and group activities. This includes a large dining area and lounge areas. Private, quiet spaces were available for residents to meet with their visitors and partake in cultural activities.</p> <p>All bedrooms had their own ensuite toilets with adequate provision of toilets for visitors and staff. Bedrooms were of sufficient size for the resident to manoeuvre and have been personalised with the residents' own ornaments and memorabilia.</p> <p>All resident rooms and communal areas were ventilated with at least one external window providing natural light. Resident rooms were heated in winter and cooled in summer. This was confirmed by resident's whānau and staff. The environment was noted to be maintained at a satisfactory temperature.</p> <p>In the event of additions to the facility Māori consultation could be accessed via established links within the community.</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</p>	<p>FA</p>	<p>There was a suite of policies and procedures related to the management of emergencies. Staff confirmed they were familiar with these and described their role in the event of an emergency. Induction of new staff included training in fire and emergencies. Staff records sampled</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>evidenced that staff had completed this. Fire drills and emergency evacuations were completed at least six monthly with the most recent one completed in March 2024. Emergency exits were clearly visible throughout the facility.</p> <p>The evacuation plan approved by Fire and Emergency New Zealand (FENZ) was sighted March 2019. Fire extinguishers were strategically placed throughout the facility and had been checked within the last twelve months by a contracted service.</p> <p>Whānau were advised of the facility’s emergency responses as part of the admission process of their relative. Notices were prominent throughout the facility advising visitors of what action to take in the event of an emergency. All shifts had at least one staff member on duty with a current first aid certificate. This was confirmed by review of the rosters, staff records sampled, and discussion with staff.</p> <p>The provider had their own diesel generator to cover in the event of the main supplies failing. Sufficient supplies of water and food were noted to be available to staff and residents in the event of a civil defence emergency. Additional emergency resources include a gas barbeque, torches, and civil defence supplies. Adequate supplies of personal protective equipment (PPE), incontinence products, and dressings were sighted.</p> <p>There was a functioning call bell system in place throughout resident personal and communal areas. It was noted that staff responded promptly when call bells were activated during the period of the audit. Senior afternoon staff were responsible for ensuring a security check of the facility occurs on dusk each evening ensuring all windows and doors were locked. The provision of strategically placed closed circuit television cameras (CCTV), security lighting, visitor and resident sign in and out procedures, and regular checks on residents further enhanced the security of the facility. Doorbells need to be activated after dark to gain access to the facility.</p> <p>Staff confirmed their knowledge of security procedures.</p>
<p>Subsection 5.1: Governance</p>	<p>FA</p>	<p>The organisation identifies the infection prevention (IP) and antimicrobial</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>stewardship (AMS) programmes as integral to improving the quality of services delivered to all people in their services. This was confirmed in interview with the CM, GM and staff. Infection prevention issues are summarised and reported through the GM to the board. Expert advice can be accessed through the regional experts and Dunedin Public Hospital CNS.</p> <p>Strategic regional and national IP and AMS direction and advice to the CM leader is through the regional IP network. Six weekly virtual meetings inform and update the CM and staff around IP and AMS matters. The regional IP network includes national experts and other health service providers.</p> <p>The facility's infection prevention team consists of the CM and senior nursing staff. Reporting to the board includes activities, outcomes, and overall response effectiveness to outbreaks and infections. There has been one recent outbreak in March 2024 which was in the process of review at the time of the audit. Reporting obligations had been met.</p> <p>Significant IP events are managed using a stepwise approach to risk management and receive the appropriate level of organisational support. Ethnicity data is collected as part of surveillance. Major events such as COVID -19 have included GP advice and support. Outbreak information is provided to the board.</p> <p>Antimicrobial stewardship policy is in place. AMS programme has been implemented to include antibiotic use and collection of ethnicity data.</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 IP team are responsible for implementing the infection prevention programme/plan which is linked to the quality programme. The team meets monthly and reports through the CM to the board. There are defined responsibilities for IP decision making that include consultation with the GP and experts.</p> <p>The roles and responsibilities for the IP lead are in place and were reviewed. The CM has completed training externally and orientation and mandatory IP training has been completed for RNs, HCAs cleaning, laundry, kitchen, and activity staff.</p> <p>Interviews with members of the IP team confirmed the monthly meetings</p>

		<p>included pandemic issues/updates when necessary. Information support is available through the local primary health services including public hospital IP clinical nurse specialist (CNS). Information resources such as COVID-19 facility requirements are available to residents in te reo Māori should they be required.</p> <p>Infection prevention audits including hand hygiene are completed. There is a process to review outcomes and audit compliance. Audit outcomes are benchmarked against national IPC data that is accessed through the Southern IPC network. This information is available to the facility staff. Reauditing occurs as required.</p> <p>A suite of current policies and procedures guide practice. Outbreak management and plans are implemented as needed in a timely manner. The management and oversight of outbreaks is supported by the senior staff. Required reporting for outbreaks is completed including Section 31 reporting.</p> <p>Cultural advice is accessed to ensure the IPC programme is culturally safe. The CM attends relevant education and where appropriate the IP team input into new projects/renovations.</p> <p>Senior clinical staff with IPC training/education inform the organisations decision making related to the procurement of IP resources. The reuse of single use items is managed according to policy and meets the intent of standards. This includes a risk assessment where appropriate.</p> <p>Appropriate supplies of personal protective equipment (PPE) are available for all staff residents and visitors. Observation confirmed these were appropriately used including masks, aprons, hats and gloves. There are ample reserves onsite and a system and process in place if additional stock is required.</p> <p>The IP policies reviewed meet the requirements and were based on current accepted good practice. They are available to staff with multiple electronic devices in use across the facility for timely access. Cleaning and laundry management policies are in place. All staff interviewed reported their responsibilities regarding IP.</p>
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<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>	FA	<p>There is an up-to-date AMS policy in place which identifies the organisations goals to optimise antimicrobial use and to minimise harm from inappropriate use of antibiotics. The policy is approved by the board and developed using evidence-based guidance. The organisations goals are suitable for the size and scope of services provided. There is an AMS programme in place. Antibiotic use is collected by the CM and includes ethnicity data. The data is collated for AMS committee meetings facilitated quarterly. Information is summarised for reporting to the board. Staff outlined how cultural advice could be accessed if indicated, to ensure the IPC and AMS programmes were delivered in a culturally safe way. Staff interviewed were informed around prudent antibiotic prescribing and the increase of multi drug resistant organisms.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance activities are undertaken by staff as defined in the IP programme. This includes monitoring positive results for infections and outbreaks as well as the inclusion of ethnicity data. Standard definitions are used. Methods for surveillance are documented in policies and procedures reviewed.</p> <p>Variations in surveillance data are identified. Results of surveillance are communicated to the IP team and staff. There is reporting to the GP as required and to the Board.</p> <p>Staff interviewed were satisfied that any urgent issues would be escalated to the Board in a timely manner via the CM. Staff interviewed discussed infection information, trends, and the IP programme. Culturally safe communication processes are outlined within the Māori health plan when required for residents with healthcare associated infections (HAI).</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</p>	FA	<p>The provider implements waste and hazardous management policies which comply with 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 PPE, disposal of general, infectious, and hazardous waste. Staff receive training and education in waste management and infection control as a component of the mandatory training. Yellow containers for sharps and syringes were</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>viewed in clinical areas. The processes to manage these were confirmed onsite.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places, such as laundry and the sluice room. Staff complete a chemical safety training module on orientation. Interviews and observations confirmed that there is enough personal protective equipment (PPE) provided such as aprons, gloves, and masks. Interviews confirmed that the use of PPE was appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Laundry and cleaning services were provided seven days a week. All personal laundry was managed on site. Laundering of sheets and towels is outsourced. Rosters sampled outlined that laundry and cleaning have rostered part time staff throughout the week. Visual inspection of the laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of all laundry. The safe and hygienic collection and transport of laundry items observed. Staff interview evidenced staff awareness of the process to handle and wash infectious items. Laundry audits were completed. Clean linen is stored appropriately in hall cupboards with linen trolleys covered when in use. Residents' clothing was labelled, and clean items delivered to the resident's room. Feedback from residents' surveys and interviews confirmed satisfaction with laundry services.</p> <p>Cleaning duties and procedures were documented to ensure correct cleaning processes occur. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Housekeeping personnel interviewed were aware of the requirement to keep their cleaning trollies in sight. Chemical bottles in storage and in use were noted to be appropriately labelled.</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the IP team with the CM having overall responsibility for the facility. There were alterations being made in the kitchen at the time of the audit. Infection prevention processes were undertaken to meet requirements.</p>
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<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>There are policies, procedures, systems, processes in place to guide practice related to the use of restraint. The organisation has a restraint philosophy aimed towards a restraint free environment. When restraint is considered, the decision-making process requires input from all staff including the CM and GP. Staff interviews and restraint documentation reviewed, confirmed that alternatives are tried and trialled prior to any restraint use. The safety of residents and staff is always considered by the restraint team, and this was discussed.</p> <p>Records confirmed training related to challenging behavioural and communication has been completed annually. Staff reported they were trained and competent to manage challenging behaviours. There are staff employed who have significant experience working with residents with a diagnosis of Dementia. These identified staff are available to assist others with ways to divert or redirect residents with early cognitive change. The CM reports this has been an advantage.</p> <p>Staff confirmed they were aware of avoiding pharmacological remedies for challenging behaviours where at all possible. Alternative measures are documented in each resident's clinical file and progress notes support the strategies undertaken.</p> <p>Staff interviewed, confirmed the processes required for Māori residents when considering restraint or if restraint practice was implemented. Discussion included staff commitment to ensuring the voice of people with lived experience, Māori and whānau, would be evident on any restraint oversight group, and how this would be achieved through community support.</p> <p>There were two restraints in use on the days of the audit. All documentation was completed. The resident interviewed as part of the tracer, reported feeling safe. The Board receives restraint reports monthly alongside aggregated restraint data, including the type and frequency of restraint. There were two entries in the restraint register at the time of the audit. All documentation including monitoring and review was completed in detail. Restraint is only considered a last resort.</p>
<p>Subsection 6.2: Safe restraint</p>	<p>FA</p>	<p>There was a restraint register in place and this was reviewed and</p>

<p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>discussed with senior staff. The restraint group included the GP, CM, and senior nursing staff. All staff in the restraint group documented and considered options to prevent the use of restart. Residents were reassessed for suitability for an approved restraint, and approval was sought prior to implementation.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>Monitoring and restraint meeting documentation was reviewed. Meeting minutes confirmed that aspects of minimisation were considered and discussed. The last formal review was undertaken in April 2024. However, the CM reported minimisation solutions were considered daily. Monitoring documentation was completed. Staff interviewed described their responsibilities to monitor and respond to the resident's needs during restraint periods. There is an annual restraint group oversight meeting completed which provided an opportunity to review all/any restraint practice.</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.

No data to display

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.