

FOMHT Health Services Limited - Jack Inglis Aged Care Home

Introduction

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

The audit has been conducted by 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:	FOMHT Health Services Limited
Premises audited:	Jack Inglis Aged Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 9 May 2024 End date: 10 May 2024
Proposed changes to current services (if any):	Bed numbers were confirmed as 74. There are 61 dual purpose beds and 13 dementia beds.
Total beds occupied across all premises included in the audit on the first day of the audit:	72

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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

Jack Inglis Friendship Hospital provides rest home, hospital (medical and geriatric), and dementia levels of care for up to 74 residents. There were 72 residents on the days of audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Nelson Marlborough. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The chief executive officer is appropriately qualified and experienced and is supported by an acting clinical manager and a quality manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified areas of improvement related to implementation of the quality system; staff training; monitoring; and infection control.

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.
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Jack Inglis Friendship Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan in place. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices.

Care plans accommodate the choices of residents and/or their family/whānau. There is evidence 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. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and training programme are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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The acting clinical manager and the registered nurses efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are 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. The service has a current food control plan. Nutritional snacks are available 24/7.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensuite and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security lighting is installed externally.

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.

Some subsections applicable to this service are partially attained and of low risk.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has a resident currently using restraints. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around restraint minimisation. A restraint register is maintained, and restraints are reviewed on a regular basis.

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	4	0	0	0
Criteria	0	172	0	4	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori.</p> <p>As part of staff training, Jack Inglis Friendship Hospital (Jack Inglis) incorporates the Māori health strategy (He Korowai Oranga) and Te Whare Tapa Wha Māori model of health and wellbeing into practice. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has strong linkage with Te Awhina Marae and Te Piki Ora Health services attached to the local marae. Staff within the management team worked for Te Awhina Marae and have strong connections still. Other staff in the management are tāngata whenua to Motueka and they provide cultural assistance, guidance and support to staff and management, as well as link to local kaumātua.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff</p>

		<p>members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Twenty staff members interviewed (ten caregivers, four registered nurse (RN), one enrolled nurse, one maintenance, one laundry, one cleaner, one head cook, and one diversional therapist) described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Jack Inglis recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. There is a comprehensive Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in a number of different languages according to resident need.</p> <p>On the day of audit there were Pacific residents living at Jack Inglis. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The chief executive officer (CEO) confirmed how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff members, six residents (five rest home</p>

		residents, one hospital resident), and four relatives (two rest home, two dementia) identified that the service puts people using the services, family/whānau, and the Jack Inglis community at the heart of their services. The service can consult with Pacific Island staff, and industry advisors who identify as Pasifika to support access to community links and who continue to provide equitable employment opportunities for the Pacific community.
<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 is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The chief executive officer or acting clinical manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and as part of the two-yearly education programme (link 2.3.4), which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. 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>decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Interviews with residents and family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their 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 relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>Staff complete a cultural competency that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with 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</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct and house rules policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to</p>

<p>safe and protected from abuse.</p>		<p>address issues of racism and to recognise their own bias.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and scheduled for the two-yearly training plan on how to identify abuse and neglect. Staff are aware of how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau/next of kin are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Caregivers, registered nurses and enrolled nurses interviewed described how they are able to assist residents who do not speak English, with</p>

		<p>interpreters or resources to communicate as the need arises.</p> <p>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 next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team, and residents and/or family/whānau provide consent and are communicated with regarding services involved. The acting clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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>There are policies around informed consent. Nine resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity</p>

		and activation of the EPOA documents were on file for residents where required.
<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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written, on a complaints' register. There have been ten complaints in 2023, and nine in 2024 year to date since the previous audit in December 2022. There have been no external complaints received since last audit.</p> <p>The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) during handovers. Complaints are a standard agenda item in clinical quality improvement meeting (meeting minutes sighted) and the report to the Board.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>Jack Inglis Friendship Hospital (Jack Inglis) is located in Motueka, Nelson Marlborough. The facility is a purpose-built facility across one level. Jack Inglis provides care for up to 74 residents at rest home, hospital (medical and geriatric), and dementia levels of care. There are a total of 61 dual purpose beds and 13 beds in the dementia unit. There are no double rooms.</p> <p>On the day of the audit there were 72 residents: 38 rest home level residents, including two on respite care; 13 dementia level; and 21 hospital residents, including one on Accident Compensation Corporation (ACC) funding. All the remaining residents were under the aged related residential care (ARRC) agreement.</p> <p>Jack Inglis has a current strategic plan in place with clear goals to support their documented vision, mission, and values. These include (but not limited to) development of Māori Hauora Mahere, organisation structure review, community engagement, equipment review, and growing of services including implementation of environmental sustainability. The model of care sits within the strategic framework and incorporates the Māori concept of wellbeing – Te Whare Tapa Wha. The current business plan includes a mission statement and operational objectives with site specific goals. The management team report to the chief executive officer (CEO), who liaises with, and acts as a conduit to the Board of directors.</p> <p>Interview with the Board chairperson confirmed that Jack Inglis is governed by a Board of directors, which consists of the Board chair, two Māori representatives, one whānau representative, one doctor (consultant from local hospital), accountant, two businesspersons, and one manger from local tertiary institute. The directors are experienced, long standing and strive to support the organisation to meet its goals to support the vision, mission, and values. The Board of directors' meetings are held regularly with attendance from Jack Inglis CEO, who provides a report that includes (but not limited to) complaints; ethnicity data; restraint / pressure injuries /falls / infection control data; staff training; health and safety; audit findings; survey results; budget markings; adverse events; Māori Hauora; and staff retention. The acting clinical manager and quality coordinator have oversight with clinical governance, and this is supported through the health professionals on the Board. The chairperson is in</p>
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		<p>regular contact with the CEO, with at least weekly visits to the facility.</p> <p>The chief executive officer confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies, and how it addresses barriers to equitable service delivery. There are community links who provide advice to the directors in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Jack Inglis 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 Māori and tāngata whaikaha.</p> <p>The management team and directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The quality programme includes quality goals that are reviewed monthly in meetings with milestones and progress documented.</p> <p>The service is managed by an experienced CEO (registered nurse) who has been in the current role since February 2024. The CEO has previously worked at the facility and has a wealth of experience in aged care and management. The CEO is supported by an acting clinical manager recently appointed (April 2024) from the role of clinical nurse leader for 5 years in the rest home and dementia areas at the facility. They are both supported by an experienced quality manager (registered nurse), clinical nurse leaders and an experienced care team.</p> <p>The chief executive officer and acting clinical manager continue to be supported in their orientation and induction and have both maintained at least eight hours annually of professional development activities from their previous roles. This includes cultural training specific to Te Whare Tapa Wha and te ao Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are</p>	PA Low	<p>Jack Inglis has an established quality and risk management programmes. These systems include performance monitoring and</p>

<p>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>benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile; however, is not yet linked to infection control data collated (link 5.4.3).</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and any new policies or changes to policy are communicated to staff.</p> <p>Regular management meetings, clinical quality improvement meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; education; internal audits; meetings; and collation of data. However, staff meetings have not occurred as scheduled. Corrective actions were documented as indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staffroom and nurses' stations. Corrective actions are discussed at clinical quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Resident and family/whānau satisfaction surveys have not been evidenced as being completed since last audit. Family/whānau interviewed confirm they know what is happening with the resident through emails, face to face contact and phone calls and felt informed regarding events or other information. Regular resident and family/whānau meetings have not always occurred as planned since the last audit. Staff satisfaction surveys were completed in September 2023, with collation of results and quality improvements with timeframes completed in relation to the outcome.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety meetings have been completed as scheduled with one of the clinical nurse leads undertaking the role of health and safety officer. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register</p>
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		<p>had been reviewed in November 2022 (sighted and next due November 2024). Health and safety policies are implemented and monitored by the health and safety officer.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering employees the employee assistance programme. Staff have completed cultural competency to ensure a high-quality service is provided for Māori.</p> <p>Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, an abrasion, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Opportunities to minimise future risks are identified by the acting clinical manager and clinical nurse leaders who review every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT around historical registered nurse shortages, changes in management (clinical manager and facility manager) and three pressure injuries stage III and above. There has been one outbreak (Norovirus, July 2023) since the previous audit, which was appropriately managed, notified and staff debriefed.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is</p>	PA Low	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The registered nurses, activity coordinators and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The management team are available Monday to Friday. The acting clinical nurse manager is on call for any clinically related concerns and there is escalation to the CEO for any</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>operationally related concerns.</p> <p>Interviews with caregivers, RN and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff, resident, and family/whānau interviews.</p> <p>There is an annual education and training programme being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. However, attendance rates of the required training have been very low. Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies including (but not limited to) restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 47 staff, 29 have achieved a level 3 NZQA qualification or higher. Of those, eight work in the dementia unit, and all have attained their dementia unit standards.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Nine RNs (including the acting clinical manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Staff meetings provide a forum to encourage collecting and sharing of high-quality Māori health information; however, these have not always been completed as scheduled (link 2.2.2).</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</p>
<p>Subsection 2.4: Health care and support workers</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment,</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>selection, orientation and staff training and development. Staff files are securely stored in hard copy. Ten staff files reviewed (one RN, one clinical nurse lead, acting clinical manager, three caregivers, one activity coordinator, one laundry, one cook and one cleaner) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented, and all staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities and inhouse shop) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
Subsection 2.5: Information	FA	Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked

<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>cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and documented in a timely manner. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>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. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. 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 care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The CEO and acting clinical manager are available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or if the residents' complexities were outside of the resources available. Potential</p>

		<p>residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has established links with the local marae and Te Piki Ora Health services who are available to support Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. Jack Inglis is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities, and different projects and programmes.</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>	PA Low	<p>Nine files were reviewed for this audit: three hospital residents (including one resident under ACC), three rest home residents (including one respite), and three dementia level care residents. Jack Inglis has embedded primary nursing across their clinical care delivery. The clinical nurse leader or RN for each group are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments completed. The long-term care plan includes interventions to guide care delivery which corresponded to assessed needs. The care plans are holistic and align with the</p>

		<p>service's model of person-centred care. Care plans reviewed for the residents in the memory care unit outlined known early warning signs/triggers and risks, with interventions to guide staff to respond in a consistent and effective manner and prevent further escalation. Care plan evaluations were completed with evidence of updates as needs changed. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised, with information transferred to the long-term care plan in a timely manner.</p> <p>General practitioners (GPs) from two practices ensure residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GPs provide on-call service for after hours and on the weekend. The CEO and/or acting clinical manager are always available 24/7 for clinical advice and decision making as required. When interviewed, the GP was very complimentary regarding the standard of care and quality of nursing proficiency at Jack Inglis. The GP was complimentary of the clinical assessment skills, as well as quality of referrals received from the RNs after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for four hours a week. A podiatrist visits six to eight-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated</p>
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		<p>they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. Review of the register evidenced that 19 residents had unresolved wounds. None of which included a pressure injury. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The wound care specialist had input to chronic wounds and the pressure injuries when required. The caregivers and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring. However, not all monitoring was implemented as scheduled following residents having an unwitnessed fall.</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 are two diversional therapists and three activities coordinators who provide activities across six days. They have current first aid certificates. The programme is supported by the caregivers, and various church groups and community groups.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The monthly activities programme and menu is available on all noticeboards throughout the facility and resident bedrooms. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-</p>

		<p>on-one visits and activities such as manicures, hand massage and technology-based activities are offered. There are several lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; and bingo. The activities programme has a strong focus on maintaining community connections. Regular van outings ensure residents go out for scenic drives, visits to cafes, and support community events, such as music festivals, markets and sporting fixtures. The facility arranges for a third van to be available at times to ensure as many residents as possible attend popular events. The local bus company has recently engaged with the facility to provide additional bus services for residents to further enhance their transport options for outings. Interdenominational church services are scheduled each month.</p> <p>There are resident meetings planned two-monthly and are led by the residents; however, these have not occurred as scheduled (link 2.2.2). Family/whānau are welcome to attend these. Residents reported they provide verbal feedback on activities. Documentation reviewed and residents and family/whānau interviewed confirmed the activity programme is meaningful and enabled them to maintain community connections.</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</p>	FA	<p>Medication management is available for safe medicine management that meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided.</p>

<p>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>Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Jack Inglis uses blister packs for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the electronic medication chart. Controlled drugs are stored appropriately, and weekly stock checks have occurred as scheduled. The six-monthly controlled drug physical check and reconciliation have been completed as per schedule.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There was one resident self-medicating on the days of audit. The facility was following documented policies and procedures to ensure the resident was safely administering their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The RNs and acting clinical manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed,</p>
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		and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. The acting clinical manager described how they work in partnership with residents to understand and access medications when required.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced. Dry ingredients were decanted into containers for ease of access. Decanted food was observed to have a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The cook/head of department is supported by a part-time cook and kitchen hands. All kitchen staff have completed safe food handling training.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook/head of department (interviewed) is aware of resident likes, dislikes, and special dietary requirements. There is a process in place that ensures the resident profiles are reviewed and updated where required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance to select their preferences and submit to the kitchen. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were</p>

		<p>observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. Residents reported they have the opportunity to provide verbal feedback around food services.</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>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The acting clinical manager and RNs explained the transfer between services includes a comprehensive verbal handover and completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness, which expires 29/09/2024. A maintenance person (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in February 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required, and calibration of medical equipment has occurred as per schedule.</p>

		<p>The building is a single level building with easy access to the garden. A part-time gardener is employed to maintain gardens and grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas, and raised garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans. Ceiling hoists have been installed in several rooms.</p> <p>The memory care unit is secure with a key card required to gain access. There is a centrally located lounge/dining room with kitchenette that has restricted access via a locked gate. The communal area is spacious and allows for groups or individual activities. Corridors are wide and promote safe mobility with the use of mobility aids. There is increased lighting in hallways and communal areas. There are three doors that open out into the gardens and provide safe access to pathways and outdoor seating areas. There is a continuous circuit without encountering any dead ends. An arrangement with the neighbouring property enables the residents to watch chickens roam throughout a fenced pathway. There is a high secure fence with shrubbery to deter climbing. Landscaping is well maintained.</p> <p>There are adequate number of toilet and showering facilities. All 13 bedrooms in the memory care unit are of the same size and include a full ensuite. The rest home and hospital wings have a mixture of full ensuites, and some have hand basins and shared shower and toilet facilities. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares. Sufficient toilets are available for visitors throughout the facility, including some that are designated for disabled people.</p>
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		<p>There was a visual verification at the time of this audit to confirm that the 61-rest home and hospital level swing beds are suitable for hospital level of care, including sufficient room for the use of hospital equipment, including hoists, hospital beds and wheelchairs.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by large heat pumps and there is underfloor heating throughout the facility. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. It was reported that when there is a planned development for the building, Māori would be involved in the consultation and co-design of the environment, utilising the involvement of current Māori staff, the Board members and community links, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 17 June 2009. Fire evacuation drills are held six-monthly and was last completed on 13 March 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (BBQ and portable gas cookers). There is adequate food supply available for each resident for minimum of five days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies (header tanks and bottled water) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A</p>

		<p>minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above panels in hallways to alert staff to the area/resident requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance and throughout the facility. An external security firm provide nightly patrols and report any anomalies to staff. Additional security measures in place include staff wear the organisations uniform and name badges, and all visitors sign in and out of the facility. Family/whānau interviewed outlined they were advised of what action to take in the event of an emergency on site, as part of their relative's admission process. Posters throughout the facility outline fire zones and steps to take as a reminder to all entering the facility. The audit team were advised of what measures to take in the event of an emergency whilst on site.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The acting clinical manager (registered nurse) oversees infection prevention and control across the service. The job description outlines the responsibility of the role. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually by the management team, and infection control audits are conducted. Infection rates are presented and discussed at clinical quality improvement meeting. Data around infections is also reviewed by the management team and benchmarked internally. Infection prevention and control is part of the strategic and quality plans. The directors receive reports on progress of quality and strategic plans relating to infection prevention; surveillance data; outbreak data and outbreak management; infection prevention related audits; resources and costs associated with infection</p>

		<p>prevention and control; and anti-microbial stewardship (AMS), including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand – Nelson Marlborough, and the general practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</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>	FA	<p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the general practitioners, laboratory, and Health New Zealand – Nelson Marlborough infection control nurse specialist. There are sufficient quantities of PPE available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the</p>

		<p>two-yearly training plan; however, not all staff are evidenced as having received training (link 2.3.4). Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on outbreaks through phone calls and emails. Posters regarding good infection control practice were displayed in English and te reo Māori, and are available in other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the CEO. The management team and infection control coordinator would liaise with their community iwi links should the design of any new building or significant change be proposed to the existing facility.</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>	FA	<p>The service has antimicrobial use policy and procedures. The infection control coordinator (acting clinical manager) monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical quality improvement meeting and management team. 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-</p>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the Jack Inglis infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection</p>

<p>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>summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at the clinical quality improvement meeting. The service has not yet incorporated ethnicity data into surveillance methods. Internal benchmarking is completed by the infection control coordinator, and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand - Nelson Marlborough for any community concerns.</p> <p>There has been one norovirus outbreak (July 2023) since the last audit. The facility followed their outbreak plan. There were clear communication pathways with responsibilities that included outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment, and family/whānau were kept informed by phone or email. Visiting to the area affected was restricted.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and accessible. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed on site by dedicated laundry staff. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available in the four sluice rooms sighted. The cleaner interviewed</p>

		was knowledgeable around systems and processes related to hygiene, and infection prevention and control.
<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>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an RN. There was one hospital level care resident listed on the restraint register as using a restraint. The resident uses a bed rail to provide security that they won't fall out of bed and can sleep reassured they are safe.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the three-monthly clinical, staff and quality meetings; however, not all staff meetings have occurred as per schedule (see 2.2.2). The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Seclusion is not used at Jack Inglis.</p>
<p>Subsection 6.2: Safe restraint</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,</p>	FA	<p>A restraint register is maintained by the restraint coordinator. The file of the resident listed as using restraint was reviewed. The resident had requested the bed rail for security purposes. The documentation outlined the rationale for the bed rail, involvement with family/whānau and the GP. Written consent was documented from the resident. The use of restraint is approved by the GP and reviewed annually. No emergency restraints have been required; however, the use of emergency restraint is included in the restraint policy.</p>

<p>and only use approved restraint as the last resort.</p>		<p>Monitoring forms are completed for the bed rail use. Restraints are scheduled to be monitored two-hourly. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. No accidents or incidents have occurred because of restraint use. Restraints are regularly reviewed and discussed in the staff meetings and daily hub meeting if required; however, not all staff meetings have occurred as scheduled (see 2.2.2). The formal and documented review of restraint use takes place six-monthly.</p> <p>The provider can support staff to engage in an appropriate debrief process should an episode of emergency restraint occur.</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>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed at clinical quality improvement meetings and is reported to the Board. The restraint coordinator meets RNs monthly and includes a review of restraint use, restraint incidents (should they occur) and education needs; however, not all staff meetings are currently occurring as per schedule (link 2.2.2). Any resident using a restraint and/or their EPOA has input into the review process. Restraint data, including any incidents, are reported as part of the restraint coordinator reporting to the quality coordinator. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The quality and risk management systems include performance monitoring through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Regular management meetings, clinical quality improvement meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. However, staff meetings have not always occurred as scheduled in 2023. There is a meeting scheduled for May 2024.</p> <p>Although the service had recently completed resident and family/whānau</p>	<p>(i). Annual resident satisfaction surveys scheduled for April 2023 was not completed.</p> <p>(ii). Resident and family/whānau meetings have not been completed as scheduled since last audit.</p> <p>(iii). Staff meetings have not been completed as scheduled since last audit.</p>	<p>(i). Ensure resident and family/whānau satisfaction surveys are completed as scheduled.</p> <p>(ii).& (iii). Ensure staff, resident and family/whānau meetings are completed as scheduled.</p> <p>90 days</p>

		<p>satisfaction surveys (April 2024), there was no evidence of one being completed in April 2023 as per schedule. Regular resident and family/whānau meetings were not evidenced as occurring as planned since the last audit. Records sighted evidence that there was only one meeting in May 2023 and one in February 2024 completed.</p> <p>Family/whānau interviewed confirm they know what is happening with the resident through emails, face to face contact and phone calls and felt informed regarding events or other information.</p>		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is a documented two-yearly education and training programme for Jack Inglis that includes clinical and non-clinical staff training which covers mandatory topics. The 2024 staff training plan was displayed for staff in the staffroom (sighted).</p> <p>The CEO and educator acknowledge the importance of a well-trained workforce in terms of outcomes for the residents. Policy expectation is for education and training to be provided in line with the training plan and include guest speakers. However, evidence sighted during the audit confirms that although the training plan has been implemented, the attendance rates of the required training has been very low. Completion rates sighted range from 5 to 20 staff completing the required training topics.</p>	<p>Training has occurred as scheduled; however, the attendance rate has been very low, ranging from 5 to 20 completions with the topics covered. There is no evidence to demonstrate compliance with training for staff who may have missed the training sessions.</p>	<p>Ensure all staff receive training as per the two-yearly education and training programme.</p> <p>90 days</p>

<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>Care plans are documented by registered nurses in partnership with residents and family/whānau. Care plans are detailed and address resident needs, preferences and monitoring requirements. Monitoring charts are consistently completed including (but not limited to) blood sugar monitoring, weight, vital signs and wound care as per policy. However, a review of resident records evidenced that the correct protocol for neurological observations was inconsistently followed and recorded.</p>	<p>Four out of six resident records reviewed evidenced that neurological observations were not completed as per protocol for all residents following having had an unwitnessed fall.</p>	<p>Ensure neurological observations are completed as per protocol for all residents having had an unwitnessed fall.</p> <p>60 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at meetings. Jack Inglis</p>	<p>Infection surveillance does not currently include ethnicity.</p>	<p>Ensure infection surveillance includes ethnicity data.</p> <p>90 days</p>

		captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.