

Dixon House Trust Board (Inc) - Dixon House Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Dixon House Trust Board (Inc)
Premises audited:	Dixon House Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 April 2024 End date: 10 April 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	37

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Dixon House Rest Home is certified to provide rest home and hospital level care for up to 42 residents. Five of the rooms are certified as appropriate for double occupancy but all are currently occupied by a single resident. The service is operated by the Dixon House Trust Board (Inc) and managed by a facility manager. The position is supported by an enrolled nurse who acts as the clinical manager.

This surveillance audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand Te Tai o Poutini West Coast (Te Whatu Ora West Coast). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, whānau, the manager, a trust member, staff, an allied health provider, a general practitioner and a nurse practitioner. Seven trust owned social housing flats adjacent to the aged care facility are not part of the audit and were not visited.

Improvements have been made to the scheduling of emergency trial evacuations, addressing an area requiring improvement at the previous audit. Improvements required in relation to this audit relate to clinical oversight of the facility, staff education, staff competencies and care planning.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Dixon House Rest Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations.

There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery.

There were no residents who identified as Māori present during the audit. However, systems were in place to enable Māori to be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

There were no Pasifika residents in Dixon House Rest Home at the time of the audit; however, systems and processes and models of care relevant to Pasifika were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe. There were Pasifika staff employed by the service.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staffing levels are sufficient to provide clinically and culturally appropriate care. Staff are orientated to the service and performance is monitored.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to Dixon House Rest Home, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

Staff at Dixon House Rest Home worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

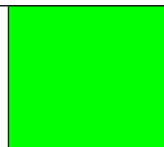
Medicines were safely managed and administered by staff who were assessed as competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was managed safely.

Residents were transitioned or transferred to other health services as required.

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

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



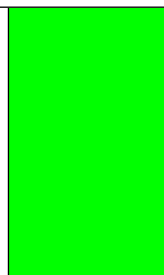
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe, provide shade and seating, and meet the needs of residents, including tāngata whaikaha.

There have been no changes to the building or evacuation planning since the previous audit.

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

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



Subsections applicable to this service fully attained.

The governing body, general manager, and the infection control coordinator at Dixon House ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service.

The IP and AMS programme was adequately resourced. The experienced infection control coordinator, who is a registered nurse, led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process.

Policy requires that restraint education/training be included at orientation and then annually. Competencies are assessed. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	16	0	1	2	0	0
Criteria	0	46	0	1	3	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. 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>Dixon House Rest Home (Dixon House) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake (self-determination) is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed, with input from cultural advisors, which can be used for residents who identify as Māori. There were no residents who identified as Māori in the facility during the audit.</p> <p>Residents and their whānau interviewed reported that staff respected their right to mana motuhake, and they felt safe.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>The service identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>There were no residents who identified as Pasifika resident in the facility on the day of audit; however, the Fonofale model of care is available for use for any Pasifika residents entering into the service.</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Active recruitment, training, and actions to retain a Pacific workforce are supported through Dixon House, resulting in Pasifika staff being employed across roles.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. There was, however, no evidence that training on the Code had been provided in the past twelve months (refer criterion 2.3.4).</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. A resident function as an independent advocate for residents. An interview with the advocate identified residents come to the advocate to request support. The general manager (GM) is responsive to residents' concerns and addresses these promptly. The advocate is aware of the Advocacy Service and the ability to access this service if needed. The advocate reported residents are satisfied with the services provided by Dixon House.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Dixon House included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice; however, there was no evidence that training on abuse and neglect being had been provided to staff in the past year (refer criterion 2.3.4). Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>Ten residents and three whānau members interviewed expressed satisfaction with the services provided at Dixon House.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Dixon House and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for eight complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been no other complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to</p>	<p>PA Moderate</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in</p>

<p>have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Changes due to legislative and clinical requirements are provided by an external consultant to the service who specialises in aged-care governance and management. Information garnered translates into policy and procedure.</p> <p>Dixon House has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. The service’s organisational philosophy and strategic plan reflect a person-centred and whānau-centred approach to service delivery.</p> <p>Ethnicity data is collected to support equitable service delivery. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Dixon House utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Governance and the senior leadership team commits to improving quality and managing risk via policy, processes and through feedback mechanisms. This includes the board receiving regular information from the service. Internal data is collected (e.g., adverse events, infections, complaints, internal audit activities) and aggregated and corrective actions implemented where necessary. Changes are made to business and/or the strategic plans as required.</p> <p>There is a clinical governance structure in place which has been approved by the board; however, the GM is not a registered nurse (RN), and the clinical manager (CM) is an enrolled nurse (EN) who works four days per week. Dixon House’s contract with Te Whatu Ora West Coast requires that the CM of a service be a RN (D17.4 ba) and work in a full-time capacity. Added to this, the Nursing Council of New Zealand (NCNZ) scope of practice for the CM, who is an EN, requires them to work under the direction and delegation of a RN. This is an area which needs to be addressed (refer criterion 2.1.11).</p> <p>The service holds contracts with Te Whatu Ora West Coast age-related residential care (ARRC) at rest home and hospital level. It also holds contracts with Te Whatu Ora West Coast for short-term care (respite), with</p>
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		<p>Whaikaha for the care of younger people with a disability (YPD), and with the Accident Compensation Corporation (ACC). On the day of audit, 22 residents were receiving rest home services (one under a Whaikaha contract) and 15 hospital level services (one on respite). No residents were receiving services under the ACC contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Critical analysis of organisational practices to improve health equity is occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The GM and CM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of five incident forms reviewed (from a total of 14) showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. Actions required to minimise these events were recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plan of care.</p> <p>Residents, whānau and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident and whānau satisfaction survey (2023) were primarily favourable.</p> <p>The GM and CM understood and have complied with essential notification reporting requirements. There have been two section 31 notifications completed in the last 12 months, one notifying the change of manager and the other notifying of the change of CM.</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 managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the facility.</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Annual practising certificates for health professionals are checked annually and all were current.</p> <p>Some continuing education has been completed; however, there is no annual plan for education and the education delivered does not meet all the requirements of the service (refer criterion 2.3.4). Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora West Coast.</p> <p>Annual competencies are set out in a schedule as outlined in policy but, while some competencies have been completed, there is no accurate method of recording annual competency with the exception of medication competency (refer criterion 2.3.3).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. Staff entering the service do so following interview, reference checking, and police vetting.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, enrolled nurses (ENs), and associated health contractors (13 general practitioners (GPs), the nurse practitioner (NP), pharmacists, podiatrist, and dietitian). Physiotherapy services are supplied through Te Whatu Ora West Coast.</p> <p>A sample of six staff records were reviewed and these evidenced completed induction and orientation. Staff performance is reviewed and discussed at</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Dixon House worked in partnership with the resident and their whānau to support the residents' wellbeing. Seven residents' files were reviewed: four hospital files, and three rest home files. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a pressure injury, residents with a wound, residents receiving respite care, residents receiving care under a Whaikaha contract, residents self-administering their medication, and residents who had a recent fall.</p> <p>All seven files reviewed verified that a care plan was developed by the CM (who is an EN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. The care plans and wound care plans were not evidenced to have been overseen by an RN, as per the NCNZ requirements of an EN's scope of practice, and the requirements of D 16.3 c, and 16.3A of the ARRC contract. This is an area requiring attention (refer criterion 3.2.3).</p> <p>Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP or NP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation. Residents who had falls that were unwitnessed or involved a blow to the head, had RN assessments and neurological observations completed in accordance with best practice guidelines. All aspects of residents' care were documented comprehensively in the resident's file. Care was provided in accordance with resident need.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including</p>

		young residents with a disability.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. Staff administering medication had completed medication competency.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>There were no difficulties identified by younger people interviewed, in accessing their required medicines from the facility (YPD).</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Dixon House.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Dixon House was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 8 August 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Dixon House on 20 September 2022. Four areas requiring corrective action were identified, these were addressed and signed off and the plan was verified for 18 months. The plan is due for re-audit on 11 April 2024 (the day following audit), and this</p>

		<p>had been arranged.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. This was supported on the day of the audit when residents responded favourably regarding the meals provided on the day.</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>Transfer or discharge from Dixon House was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The friend/whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements. The building has a warrant of fitness which expires on 1 July 2024. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p>

<p>and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</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>A finding from the previous audit related to fire evacuation has been addressed and closed (criterion 4.2.2). The last fire evacuation was conducted on 21 March 2024.</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 infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and remarkable events to the governing body.</p> <p>Staff were familiar with policies through education during orientation and were observed following these correctly. Minimal infection control education has been provided in the past year (refer criterion 2.3.4).</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>	FA	<p>Dixon House undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends,</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>possible causative factors, and required actions. Ethnicity data is collected and analysed to support equity. Results of the surveillance programme were reported to the governing body and shared with staff.</p> <p>There have been three large COVID-19 outbreaks in the past 18 months, the most recent being March 2024. There has been no training on outbreak management or for care for residents in isolation since 2022 (refer criterion 2.3.4).</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Dixon House is committed to a restraint-free environment, and this is documented in the policy and procedure in place to guide restraint. The service has been restraint-free since early 2024. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds and sensor mats). Documentation confirmed that aggregated information on restraint is reported to the board.</p> <p>Sixteen staff have been trained in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and restraint monitoring as part of the 2023-2024 education programme. Six staff only have been trained in de-escalation techniques and none in the management of behaviours that challenge (refer criterion 2.3.4). Restraint protocols are covered in the orientation programme of the facility, and these were completed by all new staff entering into the service. Annual restraint competency forms part of the competency schedule for the facility and these were sighted on the relevant staff files examined.</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 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p>	<p>PA</p> <p>Moderate</p>	<p>The clinical governance structure has been approved by the Dixon House board; however, the CM for the service is not an RN and neither is the GM. The CM is an enrolled nurse (EN) who works four days per week. Dixon House’s contract with Te Whatu Ora West Coast requires that the CM of a contracted service be an RN (D17.4 ba) who works in a full-time capacity. In addition, the Nursing Council of New Zealand (NCNZ) scope of practice for the CM, who is an EN, requires them to work under the direction and delegation of a RN. There are six RNs employed in the service.</p>	<p>The clinical governance structure in place is not appropriate to service provision. It is in contravention of the service’s contract with Te Whatu Ora West Coast and the CM is working beyond their scope of practice.</p>	<p>Provide evidence that the clinical governance structure complies with the requirements of the service’s contract with Te Whatu Ora West Coast, and that the clinical manager’s scope of practice is appropriate for the position.</p> <p>60 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall</p>	<p>PA Low</p>	<p>Annual competencies are set out in a schedule as outlined in policy but, while</p>	<p>Not all staff had completed annual competencies as required by the</p>	<p>Provide evidence that staff have completed annual</p>

<p>implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>		<p>some competencies have been completed, there was no accurate method of recording annual competency with the exception of medication competency (all staff administering medication had evidence of a medication competency on their individual files). Six staff files examined showed sporadic competency requirements, such as fire and emergency management, infection prevention and control, outbreak management, and cultural competency. Restraint competency was sighted on appropriate staff files examined. Whilst competencies were not being completed to the schedule, staff working in the facility were doing so competently and residents and their whānau were satisfied with the services being provided.</p>	<p>schedule.</p>	<p>competencies as required by the schedule.</p> <p>90 days</p>
<p>Criterion 2.3.4 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>	<p>PA Moderate</p>	<p>Some continuing education has been completed; however, there is no annual plan for education in place and the education delivered does not meet all the requirements of the service. For example, there has been no education delivered in 2023-2024 on the Code of Rights, abuse and neglect, informed consent, caring for tāngata whaikaha, spirituality and sexuality, and infection outbreak management (despite three separate outbreaks of COVID-19 over 18 months). There has been minimal attendance by staff at infection prevention and control education (six attendees), standard precautions (seven attendees), and infection control/antimicrobial stewardship</p>	<p>There is no plan in place to identify, plan and facilitate ongoing learning and development, relevant to the service, so that health care and support workers can provide high-quality, safe services.</p>	<p>Provide evidence of a plan to identify, plan and facilitate ongoing learning and development, relevant to the service, so that health care and support workers can provide high-quality, safe services.</p> <p>90 days</p>

		<p>(AMS) sessions (19 attendees). Attendance at education is very low for some of the education provided (some with only four to six attendees). The exception to this is education on cultural safety (33 attendees), oral health (39 attendees), food safety/choking (26 attendees), and restraint (36 attendees). There are 47 staff in the service. Education is recorded on the staff member's personnel file.</p>		
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as</p>	<p>PA Moderate</p>	<p>Seven care plans reviewed were implemented by the CM who is an EN, with no oversight from the RN, as required by the ENs scope of practice and the ARRC contract (refer also 2.1.11).</p> <p>A resident who developed a pressure injury six months ago, had a care plan developed by the CM/EN, with no oversight from an RN. The resident's wound care plan was developed at the time of injury. The documented treatment plan for the pressure injury had remained the same for the past six months. Caregiving staff routinely provided the wound care, with the treatment being conducted once every month by a RN. Frequency of dressing changes was determined by the staff member doing the dressing. Often this was daily or every other day. There was no evidence of a coordinated approach to the wound management or a request for specialist input as the pressure injury remained ongoing. Another resident with a chronic</p>	<p>The care plans at Dixon House were developed by the CM who is an EN with no evidence of oversight by a RN. Two residents' wound care plans were not effective in managing the wound and were not developed or evaluated by a RN. Wound care was not being provided by a RN. Timely referrals to seek specialist input was not initiated.</p>	<p>Provide evidence care plans and wound care plans are implemented and overseen by a RN. Provide evidence wound care plans demonstrate effective management of wounds.</p> <p>60 days</p>

<p>rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>wound has a wound plan in place, developed by the CM/EN. The wound care was also being provided by caregiving staff, with minimal treatment by the RN. A photograph verified the wound was not improving, there was no documentation that stated a palliative approach had been advised.</p> <p>Documentation verified specialist input for the wound's management was last provided in May 2022.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.