

# Westella Limited - Westella

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## Introduction

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

The audit has been conducted by 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:** Westella Limited

**Premises audited:** Westella

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 13 June 2024 End date: 13 June 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:** 23

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

At the time of this audit CD Hodson was the governing body and responsible for the services provided at Westella Homestead, with Dalcam Healthcare Management Limited contracted to provide management services. Westella Homestead provided dementia and rest home level care for up to 26 residents. There were 23 beds occupied on day of audit. The facility was managed by a chief executive officer, supported by a clinical lead. The chief executive officer had been in the role for last two years. The clinical team leader was appointed in December 2023 and was supported by the groups clinical lead specialist. There have been no other changes to the organisation or within the facility.

Pathways Health Limited is part of the Wise Group of organisations providing mental health and wellbeing services in Aotearoa New Zealand. They have been in consultation with Dalcam Healthcare Management Limited to purchase this service for the past 12 – 18 months. This provisional audit report was completed with the agreement of HealthCert, CTAS and Pathways using the certification audit report completed by CTAS of Westella Homestead on 21 and 22 May 2024. Three members of the Pathways leadership team were interviewed to determine their preparedness to provide these services.

The audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the provider contracts with Health New Zealand -Te Whatu Ora – Te Pae Hauora o Ruahine o Tararua MidCentral. The audit process included review of policies and procedures, review of resident/whaiora and staff records, observations and interviews with residents/whaiora, whānau, management, and staff. Observations were made throughout the audit including the medication round, meal service, laundry services and the activities programme.

There were no areas identified as requiring improvement.

## **Ō tātou motika | Our rights**

There were policies and procedures to support staff in delivering culturally safe care. Staff received training in Te Tiriti o Waitangi.

Resident/whaiora rights were respected and upheld in line with the Health and Disability Commission Code of Health and Disability Services Consumer's Rights. Residents/whaiora received services in a manner that was responsive to and respected their individuality and upheld their right to dignity, privacy, and independence. The provider followed the organisations policy and process for complaint management. The provider had a culture of open disclosure. Care plans accommodated the choices of resident's/whaiora and their whānau.

## **Hunga mahi me te hanganga | Workforce and structure**

CD Hodson is the governing body responsible for the services provided. The provider had current business, quality and risk management plans. Quality and risk management systems were in place. Meetings were held that included reporting on various clinical indicators, quality and risk issues and the review of identified trends. A clinical lead oversaw the clinical and care services and provided support for this audit.

A clinical team leader had responsibility for the day-to-day clinical care delivery in the facility. There were human resource policies that guided practice in relation to recruitment, orientation, and management of staff. The provider had no vacancies at time of audit for health care and support workers. A staff training schedule was implemented. There was sufficient number of staff on site with provision of afterhours support for clinical and operational issues. Systems were in place to ensure the secure management of resident and staff information.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There was a resident centred model of care in place which was implemented. Information was provided to potential residents and family/whānau that ensured they were involved in decisions.

Assessments were completed and informed care plan development. Residents and family/whānau provided input into the development and achievement of care plan goals. Registered nurses completed regular reviews of the care plans. There was an activity programme facilitated to maintain resident's physical, social, and psychological needs.

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

Meal services were provided in line with the nutritional needs of the residents. Individual cultural, dietary requirements and preferences were identified on admission and implemented. Residents inform the meals and snacks available. Nutritional snacks were available 24 hours a day. There was a seasonal menu in place approved by a registered dietician. There was a current food control plan in place. Residents and family/whānau interviewed were complimentary of the food service.

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

There was an approved evacuation plan in place and current building warrant of fitness. The building, plant, and equipment was fit for purpose and complied with legislation relevant to the services being provided. A reactive and preventative maintenance schedule was implemented. Areas were provided throughout the facility that enabled residents to meet with visitors in private and participate in cultural activities.

The provider maintained an appropriate environment, and external areas provided safe seating and shade for residents who could walk freely around the gardens and grounds.

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

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

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

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

The safety of residents, staff and visitors is supported through the infection prevention programme. The programme was appropriate for the size, complexity, and type of service. The antimicrobial stewardship programme was developed and implemented. The clinical lead is the infection prevention and microbial stewardship leader for the service and implements the programmes. There was a pandemic plan in place that is annually reviewed. Staff training included infection control and

antimicrobial stewardship. A surveillance programme was implemented with infection data collected, collated, and analysed. Cleaning and laundry processes were implemented in line with best practice infection prevention and waste management guidelines.

## **Here taratahi | Restraint and seclusion**

The organisation had a restraint-free philosophy, and this was supported by the leadership team and directors. Staff had access to up to date restraint minimisation policies and procedures. A comprehensive assessment, approval, and monitoring process, with regular reviews, was available to staff to guide practice should restraint use be required. The clinical leader was the restraint coordinator and would manage the process should this occur. Staff discussed providing the least restrictive practice including a supportive environment, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. De-escalation and restraint training was facilitated. There were no residents using restraint at the time of the audit.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	169	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Staff received training in cultural safety at orientation and then annually. The training defined and explained cultural safety and its importance including Te Tiriti o Waitangi. Training records sampled evidenced that all staff had completed this except for new staff who were completing an orientation programme.</p> <p>The provider had a Māori health plan that recognised the principles of Te Tiriti o Waitangi and described how the provider responded to Māori cultural needs in relation to health and illness. The health plan outlined that the recruitment of Māori shall be encouraged. The clinical lead specialist (CLS) outlined how this was implemented. The plan described the aims of the provider to ensure outcomes for Māori were equitable. Strategies included but were not limited to identifying priority areas to focus upon and increase the knowledge base of staff underpinned by Mātauranga Māori. The document outlined the importance of ensuring any resident identifying as Māori had the opportunity to have whānau involved in their care.</p> <p>The Chief Executive Officer (CEO) outlined the links that were established with the facility and local Māori and Pacific Island community. There were a small number of residents and staff who identified as Māori in the facility on day of audit.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific plan outlined the providers commitment to providing culturally safe care. It defined and explained the cultural and spiritual beliefs of Pacific peoples. The policy was underpinned by Pacific models of care with contributions made by regional Pacific communities. The plan outlined how the provider will endeavour to achieve equity through partnerships and collaboration. The CEO outlined what Pacific community connections were in place and accessible within the region.</p> <p>The provider used a strategy that encouraged the recruitment of a Pacific health and wellbeing workforce however the CEO outlined this was difficult due to the low numbers of Pacific people within the region currently.</p> <p>A small number of residents and staff identified as Pacific on day of audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was on display throughout the facility written in English and te reo Māori.</p> <p>Staff discussed the Code and gave examples of how they met the Code when providing day to day care. Observation during the audit confirmed that care was provided in accordance with the Code. Staff records sampled evidenced that training regarding the Code formed part of the orientation schedule. Staff interview and review of admission packs confirmed that written information about the Code was provided. Staff said they then explain what this meant in relation to care delivery. Further discussion with staff and whānau interviews confirmed that residents, whānau and/or the enduring power of attorney (EPoA) had been consulted and involved in discussions regarding care and resident rights.</p> <p>Staff outlined that they were aware of the advocacy service and gave examples of when this support would be beneficial. Policy and practice included ensuring that all residents', including any Māori residents, right to self-determination was upheld and they could practice their own beliefs and values.</p> <p>The Māori health plan identified how the provider responded to Māori cultural needs in relation to health and illness.</p> <p>Provisional audit:</p>

		<p>Founded in 1989, Pathways Health Limited (Pathways) is an established provider of health and disability services and already hold certification to the Ngā Paerewa health and disability services standard.</p> <p>Pathways have systems to support whaiora and whānau rights under the Code. The Pathways chief executive (CE) , and two senior managers where interviewed. They confirmed that whaiora rights will continue to be supported consistent with the Code and the ARRC contract once the transfer of ownership is completed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The provider ensured that residents and their whānau/EPoA were involved in planning and care which was inclusive of discussions regarding maintaining their independence. Resident, whānau, and staff interviews plus observation confirmed that individual religions, social preferences, values, and beliefs were identified and upheld. These were also documented in resident records sampled.</p> <p>The provider’s policies and procedures were aligned to the requirements of the Privacy Act and Health Information Privacy Code to ensure that residents’ rights to privacy and dignity were upheld. Staff, resident, and whānau interviews plus observation confirmed that staff knocked on doors before entering, addressed residents using their preferred name and ensured privacy and confidentiality when holding conversations that were personal in nature.</p> <p>Staff received training in Te Tiriti o Waitangi and tikanga best practice and had additional resources available to provide ongoing guidance. The clinical team leader (CTL) took responsibility for monitoring staff compliance with this. Staff were encouraged to learn and use basic greetings in te reo Māori. Signage throughout the facility was in te reo Māori and English.</p> <p>The provider supported and encouraged tāngata whaikaha. Documentation sighted outlined how staff worked in partnership with residents to ensure strengths and abilities were maintained. Evidence of how this was achieved was visible within resident records sampled.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe 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>There was policy that included definitions, guidelines, and responsibilities for staff to report alleged or suspected abuse. Staff received orientation and mandatory training in abuse and neglect. Interviews confirmed their awareness of their obligations to report any incidents of suspected abuse. Staff and whānau confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement provided clear expectations regarding management responsibilities for personal property and finances. Resident agreements sampled had all been signed with consent documented for the provider to manage resident's comfort funds. Discussion with the CEO, and review of systems implemented evidenced that resident's comfort funds were managed safely and accurately. Resident and whānau interviews confirmed that staff respected resident's property.</p> <p>There were policies and procedures to ensure that the environment was free from discrimination, racism, coercion, harassment, and financial exploitation. These policies provided guidance to staff on prevention, and where suspected the reporting process to follow.</p> <p>Staff were required to sign and abide by the providers code of conduct and professional boundaries agreement. All staff records sampled evidenced that these were signed. Staff mandatory training included maintaining professional boundaries. Discussion with staff confirmed their understanding of professional boundaries relevant to their respective roles.</p> <p>Whānau interviewed confirmed that professional boundaries were maintained. Whānau interviewed described how they felt confident their relative was in safe hands and were complimentary about the level of care. Whānau provided further evidence that they felt comfortable to raise concerns and that discussions were free and open.</p> <p>The Māori health plan promoted a strengths based and holistic model of care for Māori. Resident files sampled confirmed that care was provided using a holistic model and resident's strengths were focused on.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and</p>	<p>FA</p>	<p>There was policy to ensure that residents and their right to comprehensive information was supplied in a way that was appropriate with language requirements and disabilities addressed. The CEO confirmed that if</p>

<p>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>required interpreters could be accessed from Health New Zealand -Te Whatu Ora – Te Pae Hauora o Ruahine o Tararua MidCentral (Health New Zealand).</p> <p>Resident records sampled evidenced that other health agencies were involved in resident care providing additional assessments and treatment regimens as required.</p> <p>There was policy which required whānau to be advised within 24 hours of an adverse event occurring. Review of accident/incident information and staff and whānau interviews confirmed that whānau were notified about incidents involving their loved one within a suitable timeframe.</p> <p>The CTL was in contact with family/whānau either face to face or via phone/email on a regular basis and these discussions were documented. Emails were sent out to inform family/whānau of specific events such as outbreaks and planned gatherings/ social events for example, Anzac Day services or Matariki.</p> <p>Copies of the menu and activities plan were made available to residents and whānau.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed consent policy was in line with the Code and included the process to be followed for advance directives. The policy outlined how staff were to ensure residents and/or their whānau were to be given time and appropriate information to enable informed consent for all aspects of care. Resident records sampled included signed consent for photographs, collection and sharing of information and outings.</p> <p>All resident records sampled had the resident's resuscitation status documented and signed by the general practitioner (GP).</p> <p>Staff interviewed were able to outline tikanga guidelines and that this had been a component of their orientation and ongoing in-service education. Whānau interviewed confirmed they had been given sufficient information and timeframes to make decisions appropriate to their relative's care.</p>

<p>Subsection 1.8: I have the right to complain</p> <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>The provider had a complaint process that aligned with consumer rights legislation. The process was confirmed to be transparent and equitable and formed part of the admission information given to residents and/or whānau. Complaint forms were easily accessible within the facility with reminders about the process available in poster form throughout the facility. Residents and whānau confirmed they were aware of the process to make a complaint and acknowledged they were encouraged to give feedback. The CEO confirmed that support was readily available for Māori residents/whānau to navigate the complaints process.</p> <p>The complaints register was reviewed. All complaints lodged had been managed in accordance with the providers policy and procedure. Evidence was provided that the complainants had been informed of the outcome. There had been no complaints since the last audit. It was reported that there were no complaints lodged with external agencies at the time of audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Westella Homestead is owned by CD Hodson. Dalcam Healthcare Management Limited (DHML) was contracted to provide management for Westella Homestead. Dalcam Healthcare Management Limited is part of the Dalcam Healthcare group Limited (DHGL). One of the directors of DHGL was the sole owner of Westella Homestead. There was a governance structure in place, (executive team and board) that monitored compliance with legislative, contractual, and regulatory requirements. The provider's purpose, values, performance and goals were clearly documented and shared appropriately.</p> <p>The annual strategic, business plan had key outcomes which were resident/whaiora centred, such as resident satisfaction, health and safety, complaints, education and fiscal stability. These were monitored at the monthly meetings with the owners and executive team. The CEO advised that the core competencies the executive team were required to demonstrate included understanding the organisations obligations under Te Tiriti o Waitangi, health equity, and cultural safety. The executive leadership team and board were committed to ensuring the quality and risk management systems were robust and appropriate to support service delivery. Review of feedback received from residents and whānau to date</p>

	<p>evidenced that input from people receiving services was highly valued.</p> <p>The Westella Homestead executive management team had a clinical governance structure in place that was appropriate to the size and complexity of the organisation. The CEO ensured the executive team and board received the appropriate information pertaining to key aspects of service delivery.</p> <p>The CEO was a registered nurse (RN) who had a varied background in Mental Health of Older Persons (MHOP) and secondary MHOP services within the health sector. The CTL (RN) had a broad background in acute care and outlined the additional work undertaken to ensure clinical competency was maintained.</p> <p>The organisation had implemented robust systems to support quality and risk management with a wide range of information gathered to inform service delivery.</p> <p>The clinical governance structure in place was appropriate to the size and complexity of the service provided.</p> <p>The Māori health plan described how the organisation would ensure they continued to focus upon reducing barriers to equitable service delivery with priorities in place to build trusting relationships, engage residents/whaiora whānau in care delivery and continue to develop and strengthen the education programme in relation to cultural safety.</p> <p>The provider is certified to provide care for up to 26 residents/whaiora requiring dementia rest home level care. On the days of audit there were 23 residents residing in the facility inclusive of 1 resident requiring rest home level care (refer to 3.2) and 22 requiring dementia level care.</p> <p>Provisional audit:</p> <p>Pathways have been working with Dalcam Healthcare Group who operate Westella over the last 12 – 18 months. A comprehensive transition plan with multiple streams of work has been developed in this time. The transition plan identifies that the Westella service for tangata whaiora living with dementia will be become a new business within the Wise Group called Westella Limited. The Pathways CE will become the CE of this new business. The existing Dalcam CE will become the general manager (GM) for Westella Limited to ensure continuity of service delivery.</p>
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		<p>Pathways in particular has been investigating options for supporting tangata whaiora currently funded through residential disability – psychiatric disability funding streams. A gap analysis was completed by an experienced aged care auditor for Pathways in October 2023, with a comprehensive report produced which identified the work needed to meet any age-related residential care (ARRC) contract requirements that were not a requirement of their residential disability – psychiatric contracts. The gap-analysis provided proactive information of what supports, environments and policies are necessary for whaiora with age-acquired conditions. Pathways has been implementing the recommendations of the gap analysis at their existing services.</p> <p>Acquisition of this service is consistent with the Wise Group’s strategic objective to improve outcomes for older people. A project leader has been appointed to oversee the transition process. The date for the transfer of ownership to take place is from 9am, 1 July 2024.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation had an annually reviewed quality and risk management plan. The plan outlined the identified internal and external organisational risks and the quality framework utilised to promote continuous quality improvement. There were policies, and associated systems to ensure that the organisation met accepted good practice and adhered to relevant standards relating to the Health and Disability Services (Safety) Act 2001. Results of the annual (2024) resident/whānau survey revealed positive feedback and high satisfaction rates, although the number of responses were low.</p> <p>The executive team reviewed and approved the quality and risk management plan annually. The plan outlined the identified internal and external organisational risks. The provider had developed and implemented a quality management framework using a risk-based approach to promote continuous quality improvement.</p> <p>There was an implemented annual schedule of internal audits. Areas of non-compliance included the implementation of a corrective action plan with sign off by the CEO when completed. Identified trends were monitored and raised for discussion within the team/quality meetings.</p> <p>There was an implemented annual schedule of internal audits. Areas of</p>

	<p>non-compliance including the implementation of a corrective action plan was the responsibility of the CEO and or CTL dependant on the issue being operational or clinical. A broad range of information was collated monthly and relayed to the board.</p> <p>The CEO took responsibility for health and safety. The provider had made a commitment to ensuring all staff were aware of the importance of health and safety with an ongoing focus on minimising accidents or incidents.</p> <p>The provider had a set schedule of meetings in place including health and safety, human resources, resident/whānau, maintenance, activities, complaints, infection control, incidents and accidents, service improvement projects and training and development. Meeting minutes outlined who attended, what was discussed, who was taking responsibility for follow up and when the issue was closed.</p> <p>The organisation followed the health safety and quality commission (HSQC) national adverse event reporting policy for internal and external reporting The CEO confirmed that there had been no events requiring a section 31 notification to be submitted since the last audit.</p> <p>The organisation's commitment to providing high quality health care for Māori was stated within the Māori health plan. This included the provision of appropriate education for staff, supporting leaders to champion high quality health care and ensuring that resident centred values guided service delivery decision making. The organisations progress in these domains was followed at board level and improvement plans were created when progress was less than optimal.</p> <p>Provisional audit:</p> <p>Pathways have a documented quality management system which includes a quality management and risk management plans and a programme of annual internal audits. These incorporate appropriate quality and clinical indicators to monitor health, wellbeing and safety of whaiora in all services.</p> <p>The business operations manager who is responsible for quality confirmed that the transition plan includes initially continuing the existing Dalcam reporting and monitoring systems while there is a review process to ensure that the best of each organisation's systems are retained. Any</p>
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		<p>necessary changes will be implemented. This will commence in the first 90 days from takeover using Pathways internal audits, to also ensure services are meeting requirements and outcome monitoring is incorporated into the Pathways' processes for reporting.</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>FA</p>	<p>The organisations staffing policy included the rationale for staff rostering and skill mix. Review of rosters evidenced that unplanned absences were covered appropriately by part time staff working additional hours.</p> <p>Review of the providers staff training schedule, review of staff records, and interviews evidenced that employees had the appropriate qualifications to fulfil their roles. The CEO worked full time and provided support after hours for operational issues when required. The CTL worked full time and provided support after hours for clinical issues. The morning shift Monday to Saturday comprised of a RN and three care givers. The afternoon shift comprises of three care givers with the night shift comprising of two care givers. The shifts each week without a RN were led by senior care givers who had completed level four training. The clinical team lead and one other RN provided afterhours clinical support. The CEO and clinical team lead provided additional operational and clinical support after hours. Part time staff covered the laundry and cleaning aspects of service delivery. The nonclinical staff included kitchen, cleaning, laundry and maintenance personnel.</p> <p>The activities programme ran five days per week led by an activities coordinator and an allocated activities care giver for two hours on each day of the weekend. Laundry and cleaning staff worked part time across seven days. Interviews with staff, residents and whānau advised that staffing levels were satisfactory, and they were not aware of any staffing issues impacting on resident care.</p> <p>There was an implemented training programme. Staff competencies, training and education scheduled were relevant to the needs of the residents. Staff attendance records and discussion with the CEO evidenced that compliance with training was high with a plan in place to ensure all staff attended training as required. The current cultural safety training schedule provided staff with the resources to support their practice to achieve equitable health outcomes. Two RNs had completed</p>

		<p>interRAI training.</p> <p>The provider collected resident ethnicity on admission. Support systems promoted staff wellbeing with staff interviewed confirming the work environment was supportive and they felt valued as employees.</p> <p>Provisional audit:</p> <p>The Pathways CE confirmed that there are no planned changes to ratios of clinical and non-clinical staff for the service. All existing staff will be transitioned to employment with Westella Limited. Additional management support and business operational support functions will be made available to the Westella team as the transition plan is implemented. This may result in some variation in roles but staffing in the service will not change.</p> <p>On the day of the prospective provider interview (13 May 2024) the CE reported that 85% of staff members had accepted their offer to transition to employment with Pathways. By 19 June 2024 100% of permanent staff members had accepted the offer to transition to employment with Pathways.</p> <p>At interview the Pathways CE and managers demonstrated an understanding of the staffing requirements, qualifications, experience and competencies needed for ARC services and dementia care specifically. The transition plan includes supporting the current training and competency framework in use at Westella and progressively incorporating this into Pathways' existing training systems.</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>FA</p>	<p>The organisations human resource systems and policies outlined the principles of good employment practice and the Employment Relations Act 2000. Staff records sampled evidenced that policy and procedure had been consistently followed.</p> <p>The recruitment process included police vetting, reference checks, and validation of annual practising certificates/qualifications. Current practising certificates were sighted for those staff and contractors that required these. The CEO was responsible for ensuring annual compliance. Job</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>descriptions included accountabilities/responsibilities specific to the role with clear outline of who they reported to. Personnel involved in driving the van used for resident outings held driver's licences without any driving convictions and had current first aid certificates.</p> <p>There was a documented and implemented orientation programme and staff records evidenced this was completed. Orientation covered the essential components of service delivery with specifics to their individual roles included. Staff confirmed completing this.</p> <p>Of the 17 caregivers, 11 had fully completed the NZQA dementia standards, with 5 staff completing training and one new staff member commencing enrolment, all shifts were covered with competent staff on duty.</p> <p>Annual performance reviews were current with staff interviewed advising they had a performance review within the last twelve months and found the process supportive.</p> <p>The collection of ethnicity data was guided by the Health Information Standards Organisation (HISO) Ethnicity Data Protocols HISO 10001:2017. Resident records sampled evidenced that ethnicity data was recorded and used in accordance with HISO. Information held was accurate, relevant, secure and confidentiality was maintained.</p> <p>The CEO confirmed that a debrief process could be put in place when required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident's records and medication charts were held electronically. Resident information including progress notes were entered into residents' records in an accurate and timely manner. The name and designation of the author was identifiable. Resident notes were completed every shift.</p> <p>There were policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff confirmed their awareness of their obligation to maintain confidentiality of all resident information. Resident care and support information can be accessed appropriately and was protected from unauthorised access.</p> <p>Records included information obtained on admission and information</p>

		<p>supplied from the resident's whānau/EPOA. Other information including assessments and reports from other health professionals were included within the resident records.</p> <p>The provider gathered information on admission regarding a resident's ethnicity. The provider was not responsible for the national health index registration (NHI).</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>A website was maintained that provided current information about the service. Prior to and/or on the day of admission residents and their family/whānau were provided written and verbal information. Admission packs sighted and other information reviewed confirmed comprehensive information was available in multiple languages, written in plain language and cited key messages. Staff confirmed interpreters can be accessed as required to ensure resident understanding was achieved.</p> <p>There were documented entry policies and processes in place and staff interviewed were able to discuss the admission process. Clinical records sampled and residents and family/whānau interviewed, confirmed that entry requirements were met. Information (including ethnicity data) relating to admission, discharge and decline rates were analysed via a monthly report. Regular information related to admissions and discharges was discussed with the CEO at weekly executive team and board meetings. Residents and family/whānau interviewed reported they were treated with respect throughout the admission process and understood the rationale for information required including for example, EPOA status. They additionally confirmed that any admission questions they raised were answered by staff including waiting times if this was relevant.</p> <p>Staff interviewed confirmed the process that was undertaken when services were declined included communication with the referrer/ resident where appropriate, family/whānau, and included any required documentation. In situations where residents care requirements were outside the scope of the service, referral to other health and/or disability provider was completed or advised. Staff confirmed in interview the referral pathways most used. These included secondary and primary health services in Palmerston North. Managers interviewed reported transfers occurred in collaboration with the needs assessment and service</p>

		<p>coordination team (NASC) in Palmerston North.</p> <p>The organisation had established relationships with the iwi of the region including local marae, Māori health providers, organisations, individuals, and communities to ensure appropriate support for tāngata whenua was achieved. There were staff who identified as Māori at the time of the audit.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Resident assessments were completed on admission by a RN and a medical practitioner, these were documented. The assessments included resident history, pain, nutrition, mobility, skin condition, cultural needs, and spiritual wellbeing, alongside information related to life experience and family/friends. The assessments sampled were completed in consultation with the residents where possible and family/whānau. The progress notes sampled documented routine discussions with the residents about their care. Completed consent documents were evidenced in all clinical files sampled including up to date resuscitation status.</p> <p>The use of te reo Māori was observed and was encouraged by senior staff.</p> <p>A blend of electronic and hard copy clinical files was utilised. Files sampled were integrated and included documentation from all members of the multi-disciplinary team (MDT). Completed assessments were available in the clinical files. Interviews and documentation reviewed confirmed MDT review meetings were undertaken with the resident where possible, family/whānau and EPOA. The provision of care contributed to meeting the assessed needs, goals, and aspirations of residents documented in each care plan reviewed. Support was also identified and documented for family/whānau, and those interviewed confirmed they felt supported. Staff discussed providing services free from stigma and services which promoted acceptance and inclusion. Observations confirmed an inclusive environment was implemented at the time of audit.</p> <p>Risk assessments were completed by RNs, and this was an ongoing process. Any changes in the resident's condition were documented and acted upon as needed. Clinical escalation processes were in place and confirmed in all staff interviews. Clinical records sampled confirmed that</p>

		<p>escalation processes were employed where needed and documented.</p> <p>The clinical files sampled confirmed that care provision was reviewed in an ongoing way. Multidisciplinary meetings were completed a least six monthly by registered health professionals. Handover meetings were facilitated between each shift. Staff confirmed progress towards meeting identified goals was considered at handover. Where progress was different from that expected, changes to care plans were made and actions implemented as verified in clinical files sampled and staff interviews undertaken. Short term care plans were documented where indicated.</p> <p>Staff discussed their understanding of support required for Māori residents and whānau. This included self-identification for Māori residents whānau to identify their own pae ora outcomes in their care or support plan, how these could be achieved and where these would be documented. Interviews with staff confirmed that staff were able to facilitate tāngata whaikaha access to information should this be required.</p>
<p><b>Subsection 3.3: Individualised activities</b></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>	<p>FA</p>	<p>There was a diversional therapist (DT) employed Monday to Friday who was interviewed for this audit. The DT participated in a regional monthly DT and occupational therapist network meetings. There was an activities programme in place suitable for the level of care. This was facilitated during the week by the DT with assistance from all staff. The health care assistants (HCAs) supported activities in the weekend for two hours each day. The DT provided weekend staff with information related to the residents needs for one-on one activities. A group activity was scheduled for one hour each weekend day. The service had access to a large van which was shared between Dalcam services in Feilding. If this van was used, an HCA with first aid training would accompany the DT and residents on the outing. The service also had the use of a six seater van for smaller outings in the community. This included trips to cafes and nearby beaches. These occurred at least weekly. Residents reported during interview that these were enjoyable.</p> <p>The monthly activities plan was reviewed in all files sampled. The plans included a variety of physical, intellectual, and recreational activities for groups and individuals. One on one time was provided and included hand</p>

		<p>therapy, card making and reading. Staff and residents interviewed confirmed community groups were welcomed positively into the facility and this was confirmed in family/whānau interviews. Observation evidenced residents appeared positively engaged with the activities coordinator and the activities undertaken at the time of the audit. Families/whānau were encouraged to join in where possible. Activities plans sampled confirmed plans were up to date and individualised.</p> <p>Clinical files sampled evidenced that the residents' strengths, skills, and interests had been assessed and were considered when planning care. A whole of team approach was engaged to support the resident's care. The audit team observed a positive environment with regular engagement between residents, whānau and staff. Information was displayed for residents and family/whānau related to service aligned community groups in communal spaces. Staff discussed residents leave where this was possible and how this was facilitated. There were residents on day leave at the time of the audit. Families/ whānau were encouraged by staff to visit and spend time involved in activities, in the gardens outside or in quiet spaces with the residents. Those interviewed reported positively around the service environment and how this has supported the residents to have the least restrictive environment possible.</p> <p>Te reo is spoken and this was observed onsite. On admission the nursing staff discussed cultural requirements/goals with the resident and their representatives. Resident files sampled confirmed activities goals were documented and implemented including goals related to cultural activities. Celebrations such as Matariki were facilitated alongside singing waiata and engaging in daily tikanga practices.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner</p>	FA	<p>A current medication management policy identified all aspects of medicine management required in keeping with relevant legislation, standards, and guidelines. The medication management system was implemented by health professionals including the GP and other prescribers, RNs, and medication competent care givers. The system was suitable for the size and scope of the service. The electronic medicine management system was accessed onsite and confirmed prescribing practices and medication</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>	<p>administration documentation was completed in keeping with legislative requirements. Resident allergies and sensitivities were documented. The required three-monthly GP medication reviews were recorded electronically.</p> <p>There was one centrally located medication room which was temperature controlled and secure. A medication fridge, also temperature controlled was inside the room. Temperatures of the room and fridge were recorded and were within the required range. One medication trolley was available. The service used pharmacy pre-packaged medicines that were checked by the RN following delivery. A system was in place for returning expired or unwanted medication to the contracted pharmacy. Out of ordinary medicines prescribed can be delivered on the same day if necessary. Weekly checks of medications and six monthly stock takes had been conducted in line with policy and legislation. Controlled medications were stored securely in accordance with requirements. Medications were countersigned/administered by staff who had completed the medication competency (RNs and Level 4 caregivers). Staff observed administering medication demonstrated understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedure. Completed medication competencies were evident in records reviewed. Education for residents regarding medications occurred on a one-to-one basis by the GP, CM or RN and EPOA where required. Information can be provided in te reo Māori if required.</p> <p>Controlled medication was checked out by two medication competent staff. There was a system in place for pro re nata (PRN) medication and staff interviewed confirmed this. The CM reported the organisations' goal to use of PRN medication, and this was confirmed during review of medication documentation. In all medication files sampled, PRN medication documentation was appropriately completed to include indications for use and effectiveness of the medication.</p> <p>There were no residents self-administering medication at the time of the audit and no standing orders in place. Staff confirmed that over-the-counter medications and traditional Māori medications would be prescribed by the GP following discussion with the resident and their family/whānau/EPOA. Information related to medications could be accessed in te reo Māori should this be required.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The facility had a dietitian approved seasonal meal plan and a current Food Control Plan which expires November 2024.</p> <p>Admission assessment processes ensured staff identified any allergies/sensitivities/special diets and preferences and these were relayed to the kitchen staff on the day of admission. Observation confirmed special diets were provided where indicated during the audit period. Staff and residents interviewed confirmed the meal service was responsive to residents’ preferences and they were aware of resident allergies/sensitivities/preferences. Observation of the kitchen confirmed the area was clean with resident preferences/sensitivities information available.</p> <p>The service prepared and cooked all meals and snacks onsite. A midday meal service was observed. There were two dining areas used and residents were able to choose where they would like to have their meal served. Attention had been given to ensure the meal was presented well and residents expressed satisfaction with the service and presentation of meals. A comfortable and homely atmosphere was observed throughout the dining experience.</p> <p>Snacks were available across a 24-hour period. Feedback provided by residents inform the meal and snacks provided. Family/whānau interviews confirmed satisfaction with the food service and reported that should their relative desire to be involved in food preparation they felt this could be facilitated. Sufficient stores were available for more than three days if required in an emergency. There were opportunities for Māori residents to request special diets and this was confirmed in staff and family/whānau interviews. Karakia kai was practised.</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</p>	<p>FA</p>	<p>There were policies and processes that guided transition, transfer, and discharge of residents. Staff interviewed were aware of the procedures required and discussed these during the audit. Documentation reviewed evidenced that transition, transfer, and discharge was planned in response to the resident’s health and well-being, and this was confirmed during staff interviews. The clinical files sampled, and staff interviews</p>

<p>transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>undertaken confirmed that the discharge process was completed in a timely manner to meet the needs of the resident.</p> <p>Staff interviewed were able to discuss other health and disability services and/or social support agencies that were suitable where indicated. Brochures were displayed in the facility that provided information about a range of community services.</p> <p>Individualised discharge plans were discussed at MDT meetings as required or at least six monthly. Interviews and clinical files sampled confirmed required assessments and interventions had been completed to meet any discharge planning goals and mitigate risks associated with transfer/discharge.</p> <p>Where needed staff could identify kaupapa Māori services as an option for resident transfer/discharge, these would be considered for Māori residents. Staff confirmed their relationships with kaupapa Māori services in the area.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The Building Warrant of Fitness was current with an expiry date of January 2025. Plant and equipment complied with legislation relevant to the service provided. A preventative and reactive maintenance schedule was implemented. The provider had a hard copy system in place to record all maintenance issues. The maintenance person outlined that they followed a routine schedule that included hot water checks and frequent review of the call bell system. The maintenance person worked in tandem with the CEO and CTL to ensure anomalies were addressed. Staff advised they were aware of the system to log maintenance requests and that issues were resolved in a timely manner.</p> <p>Interviews with staff and visual inspection confirmed that there was adequate equipment to support care. The facility had an up-to-date testing and tagging programme which also included calibration of equipment. There was a system in place to ensure that the facility van (shared with another facility within the group) was routinely maintained with registration and warrant of fitness remaining current. All staff who drove the van were required to have a driver's licence with no previous driving convictions and</p>

		<p>a first aid certificate.</p> <p>The residents can enjoy different areas of the garden and large grounds. The garden areas evidenced recent maintenance, and ramps, handrails facilitated ease of access around all areas of the facility. Corridors and bedrooms had sufficient space to enable residents to mobilise safely and independently. There was a system to identify report, manage and monitor hazards.</p> <p>The facility had adequate space for equipment, and both individual and group activities. This included a large dining areas and lounge areas. Private, quiet spaces were available for residents to meet with their visitors and partake in cultural activities.</p> <p>Nine bedrooms had their own ensuite and there was adequate provision of toilets and bathrooms for residents. Facilities for visitors and staff were clearly named. Bedrooms were of sufficient size for the resident to manoeuvre and had been personalised with the residents' own ornaments and memorabilia.</p> <p>All resident rooms and communal areas were ventilated with at least one external window providing natural light. Resident rooms were heated in winter and cooled in summer. This was confirmed by resident's whānau and staff. The environment was noted to be maintained at a satisfactory temperature.</p> <p>In the event of additions to the facility Māori consultation could be accessed via established links within the community.</p> <p>Provisional audit:</p> <p>As part of the sale and purchase negotiation process, Pathways has been working with the current owners to ensure the facility is fit for purpose for the whaiora living at Westella and maintenance is up to date.</p> <p>Pathways' CE confirmed there are no current plans for environmental changes to the facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>There was policy and procedures related to the management of emergencies. Staff confirmed they were familiar with these and described their role in the event of an emergency. Induction of new staff included</p>

<p>provider will ensure I am safe.  Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.  As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>training in fire and emergencies. Staff records sampled evidenced that staff had completed this. Fire drills and emergency evacuations were completed at least six monthly. Emergency exits were clearly visible throughout the facility.</p> <p>The evacuation plan approved by Fire and Emergency New Zealand (FENZ) was sighted. Fire extinguishers were strategically placed throughout the facility and had been checked within the last twelve months by a contracted service. Whānau were advised of the facility's emergency responses as part of the admission process of their relative. All shifts had at least one staff member on duty with a current first aid certificate. This was confirmed by review of the rosters, staff records sampled, and discussion with staff.</p> <p>The provider had their own diesel generator for use in the event of the main supplies failing, particularly for the use of water supply from their own bore. Sufficient supplies of water and food were noted to be available to staff and residents in the event of a civil defence emergency. Additional emergency resources include a gas barbeque, torches, and civil defence supplies. Adequate supplies of personal protective equipment (PPE), incontinence products, and dressings were sighted.</p> <p>There was a functioning call bell system in place throughout resident personal and communal areas. It was noted that staff responded promptly when call bells were activated during the period of the audit. Senior afternoon staff were responsible for security checking of the facility occurs on dusk each evening ensuring all windows and doors were locked. The provision of strategically placed closed circuit television cameras (CCTV), security lighting, visitor and resident sign in and out procedures, and regular checks on residents further enhanced the security of the facility. Gate communications needed to be activated after dark to gain access to the facility.</p> <p>Staff confirmed their knowledge of security procedures.</p>
<p>Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use</p>	<p>FA</p>	<p>The organisation identified the infection prevention (IP) and antimicrobial stewardship (AMS) programmes as integral to improving the quality of services delivered to all residents. This was confirmed in interview with the CM, CE, and RN. Infection prevention issues reviewed were</p>

<p>antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>summarised and reported to the directors. Expert advice was available through regional and national experts via Palmerston North Public Hospital, public health, and primary health services.</p> <p>The facility's infection prevention team consisted of the CM, RN and senior nursing staff. Reporting to the directors included activities, outcomes, and overall response effectiveness to outbreaks and infections. There was an outbreak at the time of the audit which was managed according to policy and guidelines. Reporting obligations were completed.</p> <p>Staff reported in interview that significant IP events would be managed using a stepwise approach to risk management and receive the appropriate level of organisational support. Ethnicity data was collected as part of surveillance. Major events such as COVID-19 have included GP advice and support. Outbreak information had been provided to the directors. An AMS policy was in place. The AMS programme had been fully implemented to include information collection related to antibiotic use, staff, and director education. Information collected and collated included ethnicity data.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IP team were responsible for implementing the IP programme/plan which was linked to the quality programme. The team met 6-weekly and reported through the CE to the directors. There were defined responsibilities for IP decision making that included consultation with the GP and experts.</p> <p>The roles and responsibilities for the IP lead were in place and were reviewed onsite. The IP lead and RN had completed training externally. Orientation and mandatory IP training had been completed for cleaning, laundry, kitchen, and activity staff.</p> <p>Interviews with members of the IP team confirmed meetings included pandemic issues/updates when necessary. Information support was available through the local primary health services including the Palmerston North public hospital and IP clinical nurse specialist (CNS). Information resources such as COVID-19 facility requirements were available to residents in te reo Māori should they be required.</p>

		<p>Infection prevention competencies and internal audits included hand hygiene, and these were completed. There was a process to review internal audit compliance and evaluated completion of corrective actions. Audit outcomes were benchmarked against other Dalcam services. The information was provided to facility staff. Reauditing occurred as required.</p> <p>A suite of current policies and procedures guided practice. IP personnel had input into related clinical policies that may impact on hospital acquired infections (HAI) risk. The IP policies reviewed met requirements and were based on current accepted good practice. They were available to staff electronically and in hard copy. Cleaning and laundry management policies were in place.</p> <p>Outbreak management and plans were implemented as needed in a timely manner and this was evidenced onsite. The management and oversight of outbreaks was supported by the senior staff. Required reporting for outbreaks was completed including Section 31 reporting.</p> <p>Cultural advice was accessed to ensure the IP programme was culturally safe. The CM and RN attended relevant education and where/when appropriate the IP team reported they would input into new projects/renovations.</p> <p>Senior clinical staff with IP training/education informed the organisations decision making related to the procurement of IP resources. The reuse of single use items was managed according to policy and met the intent of standards. This included a risk assessment where appropriate.</p> <p>Appropriate supplies of PPE were available for all staff residents and visitors. Observation confirmed PPE was appropriately used including masks, aprons, hats, and gloves. There were ample reserves onsite and a system and process in place if additional stock was required. All staff interviewed reported their responsibilities regarding IP.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>There was an up-to-date AMS policy in place which identified the organisations goals to optimise antimicrobial use and to minimise harm from inappropriate use of antibiotics. The policy was approved by the directors and developed using evidence-based guidance. The</p>

<p>responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>organisations goals were suitable for the size and scope of the service provided. The AMS programme was implemented. Antibiotic use was collected by the CM and included ethnicity data. The data was collated for the 6-weekly AMS committee meetings. Summarised reporting was provided to the directors. The RNs interviewed reported they were informed of the process undertaken to access cultural advice if HealthCERT Service Provider Audit Report Page 93 of 114 indicated, to ensure the IP and AMS programmes were delivered in a culturally safe way. All staff interviewed were informed around prudent antibiotic prescribing and the increase of multi drug resistant organisms.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance activities were undertaken by staff as defined in the IP programme. This included monitoring positive results for infections and outbreaks. Ethnicity data was included, and standard definitions were used. Methods for surveillance were documented in policies and procedures reviewed.</p> <p>Variances in surveillance data were identified and results of surveillance activities communicated to the IP team and staff. Reporting to the GP occurred as required and regular reporting was completed to the directors. Staff interviewed were satisfied that any urgent issues would be escalated to the directors in a timely manner via the CE. Staff interviewed discussed infection information, trends, and the IP programme. Culturally safe communication processes outlined within the Māori health plan were implemented when required for residents with HAI.</p>
<p>Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.  Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.  As service providers: We deliver services in a clean, hygienic</p>	<p>FA</p>	<p>The organisation implemented waste and hazardous management policies which complied with legislative and local council requirements. Policies included but were not limited to staff orientation and education, incident/accident and hazards reporting, use of PPE, disposal of general, infectious, and hazardous waste. Staff received training and education in waste management and infection control as a component of mandatory training. Yellow containers for sharps and syringes were sighted in the clinical area. The processes to manage these was confirmed onsite.</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Current material safety data information sheets were available and accessible to staff in relevant places, such as laundry and the sluice room. Staff completed a chemical safety training on orientation. Interviews and observations confirmed that there was enough PPE provided such as aprons, gloves, and masks. Interviews confirmed that the use of PPE was appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk situations.</p> <p>Laundry and cleaning were managed inhouse and provided seven days a week. This included residents’ personal laundry. Laundering of sheets and towels was outsourced. Rosters sampled outlined that laundry and cleaning had rostered part time staff throughout the week. Visual inspection of the laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of all laundry. Safe and hygienic collection and transport of laundry items was observed. Staff interviews confirmed staff were aware of the process to handle infectious items. Laundry audits were completed. Clean linen was stored appropriately in hall cupboards. Resident’s clothing was labelled, and clean items delivered to the resident’s room. Feedback from residents’ surveys and interviews confirmed satisfaction with laundry services.</p> <p>Cleaning duties and procedures were documented to ensure correct cleaning processes occurred. There were designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Housekeeping personnel interviewed were aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled.</p> <p>There was a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy detailed consultation by the IP team with the CE having overall responsibility for the facility.</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</p>	<p>FA</p>	<p>There were policies, procedures, systems, and processes in place to guide practice related to the use of restraint. The organisation had a</p>

<p>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>restraint free philosophy. The CL is the Restraint Coordinator and had significant experience in restraint minimisation. When restraint was considered or residents admitted had a history of restraint, staff interviewed reported that a decision-making process was undertaken. This included assessing the need for restraint with input from all staff including the CL, CM and GP. Staff interviews and restraint documentation reviewed, confirmed that alternatives would be trialed prior to any consideration of restraint use. The safety of residents and staff was always considered by the restraint team, and this was discussed.</p> <p>Records confirmed training related to challenging behaviour and communication was completed annually. Staff reported they were trained and competent to manage challenging behaviours. There were staff employed who had significant experience working with residents with a diagnosis of mental health and Dementia who presented with challenging symptoms of cognitive change. Experienced staff were available to assist with ways to divert or redirect residents daily.</p> <p>Staff confirmed they were aware of avoiding pharmacological remedies for challenging behaviours where at all possible. A conscious focus had been developed to reduce medication used for anxiety, depression, challenging behaviours, and insomnia. Alternative measures to medication and staff support were documented in resident's clinical file. Progress notes reviewed documented strategies undertaken and evaluated for effectiveness.</p> <p>Staff interviewed, confirmed the processes required when considering restraint or if restraint practice was implemented for Māori residents. Discussion included staff commitment to ensuring the voice of people with lived experience, Māori and whānau, would be evident in any restraint oversight group, and how this would be achieved through community and director's support.</p> <p>The directors received restraint reports 6-weekly alongside aggregated restraint data, including the type and frequency of restraint when this applies. There was a restraint register in place. No restraint had been utilised in the last two audit cycles reviewed and staff interviewed reported restraint would only be considered as a last resort.</p>
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		<p>Provisional audit:</p> <p>The prospective provider described a sound understanding of the requirements for providing ARRC services in general and dementia care in particular. This included their understanding of this sub-section and requirements for restraint elimination.</p> <p>The Pathways CE and senior managers demonstrated their knowledge of restraint elimination, de-escalation and positive behaviour support. This was evident in their quality management system. They see the Pathways and Wise Group philosophy of mana enhancing service delivery and the least restrictive practice at all times when supporting whaiora as consistent with the way services are currently delivered at Westella. They stated that this compatible philosophy was one of their deciding factors in going into the discussions around the sale and purchase of the service.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.