# Presbyterian Support Services (South Canterbury) Incorporated - Wallingford Rest Home

## Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Presbyterian Support Services (South Canterbury) Incorporated

**Premises audited:** Wallingford Rest Home

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

**Dates of audit:** Start date: 13 May 2024 End date: 14 May 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 27

# Executive summary of the audit

## Introduction

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

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ 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 |
|  | 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 |
|  | 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

Wallingford Rest Home is one of four aged care facilities managed by the Presbyterian Support South Canterbury (PSSC) organisation. Wallingford Rest Home provides care for up to 32 rest home level residents. At the time of the audit there were 27 rest home residents.

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

Presbyterian Support South Canterbury has an organisational structure that supports continuity of care and support to residents. Presbyterian Support South Canterbury continue to utilise the Eden model of care and maintain a strong resident focus. The nurse manager has been in the role for two years and is supported by an administration/care manager, three registered nurses, PSSC management and Wallingford Rest Home caregivers. Residents, family/whānau and the nurse practitioner interviewed spoke positively about the care and support provided.

This certification audit identified the service is meeting the Ngā Paerewa Health and Disability Services Standard.

The service is commended for achieving a continuous improvement around reducing skin tears.

## 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. |

Wallingford Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

## Hunga mahi me te hanganga │ Workforce and structure

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| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

Presbyterian Support South Canterbury (PSSC) has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. There is an established and implemented quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. The service collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation, and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Subsections applicable to this service fully attained. |

The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents’ assessed needs. Interventions were appropriate and evaluated in a timely manner in the care plans reviewed.

The diversional therapist provides a varied programme which includes outings and trips to various local events and places of interest. There is a good range of activities on offer which considers residents preferences, hobbies strengths and interests.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner or nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

All food and baking is prepared and cooked on site. A current food control plan is in place. The food service caters for residents’ specific dietary likes and dislikes. Residents were complimentary of the food.

Transfers and discharges are coordinated in a safe manner in collaboration with the resident and family/whānau.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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| --- | --- | --- |
| 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. |

PSSC Wallingford is an environment that is safe and fit for purpose. There is a current building warrant of fitness in place. All equipment is tagged, tested and calibrated as scheduled. Preventative and reactive maintenance occurs. Resident rooms are personalised and reflect cultural preferences. External areas are safe and well maintained, with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are conveniently located. The facility provides easy access to all resident areas for residents using mobility aids. The outdoor areas are well maintained and provide seating and shade.

Systems and supplies are in place for essential, emergency and security services. Fire drills are held six-monthly. The facility is secure from dusk till dawn. Security checks are performed by staff and contractors twice a night. There is always a staff member on duty with a current first aid certificate. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system with timely response times.

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

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| --- | --- | --- |
| 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. |

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

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been four outbreaks since the last audit. These have been managed well.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi │ Restraint and seclusion

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| 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. |

The service is committed to maintaining a restraint-free service. This is supported by the governing body and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

There are policies and procedures in place to guide staff around restraint. The service remains restraint free. The general manager of services for older persons is the restraint coordinator. The staff have completed restraint minimisation training.

## 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** | 1 | 167 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe 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. | FA | A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has staff and residents who identify as Māori. Wallingford Rest Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan. The Māori health plan documented a commitment to support increasing Māori capacity within the workforce. Wallingford Rest Home has connections with local iwi. Presbyterian Support Services (South Canterbury) is dedicated to partnering with Māori, government, and other businesses to align their work with, and for the benefit of Māori. Wallingford Rest Home has an established Māori advisor who has whakapapa connections and knowledge and lived experience of te ao Māori.Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Care staff interviewed (one registered nurse (RN), four caregivers and the nurse manager) described how care is based on the resident’s individual values and beliefs.  |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe 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 Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | The service has a Pacific health plan, developed in partnership with the local Pacific Aoraki service. The plan addresses the Ngā Paerewa Health and Disability Standard 2021 and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. There are no residents or staff that identify as Pasifika residing in the facility.Code of Rights is accessible in Tongan and Samoan when required. Wallingford Rest Home has contact with the local Pacific groups to assist with guidance and support if needed through local church groups. PSSC are welcoming of staff from a range of ethnicities. The general manager, CEO, and Board member report they would support the employment of Pacific staff as per policy. Interviews with eight staff (four caregivers, one RN, one cook, one diversional therapist and one maintenance person), three managers (one general manager, one nurse manager and one Māori adviser), one Board member, one CEO and documentation reviewed identified that the service provides person-centred care. |
| Subsection 1.3: My rights during service deliveryThe People: My rights have meaningful effect through the actions and behaviours of others.Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The nurse manager or a RN discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Five residents (including one younger person and one Māori resident) and three family/whānau interviewed reported that the service is upholding the residents’ rights. The service recognises Māori mana motuhake through the Eden Alternative model of care, and this is reflected in the current Māori health care plan. Interviews with staff identified that they were encouraged to recognise Māori mana motuhake. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) at orientation and through the annual education and training programme. Advocacy services are linked to the complaints process. Interactions observed between staff and residents were respectful. Care plans reflected that residents were encouraged to make choices and be as independent as possible. Code of Rights training has been included as part of the annual training plan. The chief executive officer (CEO) and general manager (GM) of Presbyterian Support South Canterbury (PSSC) interviewed confirmed a good understanding of their responsibilities under Te Tiriti o Waitangi and have policies and a Māori health plan in place to guide equity, Māori health and wellbeing, and cultural safety. |
| Subsection 1.4: I am treated with respectThe People: I can be who I am when I am treated with dignity and respect.Te Tiriti: Service providers commit to Māori mana motuhake.As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Care staff interviewed described how they support residents to choose what they want to do and how this is part of the Eden philosophy. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.It was observed that residents are treated with dignity and respect. The 2024 Eden satisfaction surveys confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. A sexuality and intimacy policy is in place, with training as part of the education schedule (last completed in May 2024). Staff interviewed stated they respect each resident’s right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents’ files and care plans identified resident’s preferred names. Values and beliefs information is gathered on admission with relative’s involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. The service identified that admission information was not in line with Te Ara Whakapiri and that both residents and families/whānau found it difficult to answer relevant questions when the residents and family’s emotions and the resident’s health often prevented thoughtful responses. Te Ara Whakapiri Care Guidelines were reviewed, and a list of questions was formulated. A plan was implemented to collect this information on admission from both the resident and their family members. This empowered the residents to have a say. The service now has personalised plans on file for all residents who participated. A sample of these were reviewed and identified preferences regarding a guard of honour, lying in state, room blessings, involvement of Tamariki, where the resident would like to end their life, and who they would like with them. The care template for End of Days care is now being used across the three PSSC facilities, further personalising the care provided to residents and their whānau/family. |
| Subsection 1.5: I am protected from abuseThe People: I feel safe and protected from abuse.Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.As service providers: We ensure the people using our services are safe and protected from abuse. | FA | An abuse and harassment policy is being implemented. PSSC policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee’s induction to the service, with evidence of staff signing the code of conduct document. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The cultural safety and ethnicity policy documents guidelines to understand the impact of institutional, interpersonal, and internalised racism on patient/resident wellbeing and to improve Māori health outcomes through clinical assessments of practice through education sessions.Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. There are overall strategic and quality plans that are strengths-based and a holistic model, ensuring wellbeing outcomes for Māori. Presbyterian Support South Canterbury employ a cultural advisor who supports prioritising wellbeing outcomes for Māori. The PSSC organisation provide a person centred and holistic model of care based on the Eden philosophy. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans. |
| Subsection 1.6: Effective communication occursThe people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All communication with family/whānau is documented on resident files. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Support strategies are documented to assist with communication needs when required. At the time of the audit, there were no residents that could not speak English.Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Each new resident has a welcome letter with helpful information to assist settling into the service. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand – South Canterbury specialist services. Dietitians support nutritional consultation. The nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes to the service, through emails, regular newsletters, and meeting with staff. Staff have completed annual education related to communication with residents (March 2024). |
| Subsection 1.7: I am informed and able to make choicesThe 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.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.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. | FA | There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Six resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents’ electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.An informed consent policy is in place that includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been appropriately signed. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents’ cultural identity when planning care, as evidenced in the residents` files reviewed. |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.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.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. | FA | Access to complaint forms is located at the entrance to the facility or on request from staff. All residents receive a copy of the complaint’s procedure on admission to the service. The policy ensures that the complaints process shall work equitably for Māori. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers’ Rights is visible, and available in te reo Māori, and English. A complaints register is being maintained. There have been no complaints (internal or external) lodged since the previous audit. Discussion with the nurse manager and general manager and policy documentation confirmed that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they have, are addressed promptly. Staff are informed of complaints (if any) through the quality and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation. |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.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.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. | FA | Wallingford Rest Home is a small, purpose-built facility that is well supported by the local community which has been involved since its inception. The staff are mainly local people who work with passion to make a difference in the residents’ lives, in line with the Eden Alternative Philosophy of care. The service is located in Temuka and is part of the Presbyterian Support South Canterbury (PSSC) organisation and provides care for up to 32 rest home level residents. Two beds are permanently allocated for respite residents. At the time of the audit there were 27 rest home residents, which included one resident on a younger person with a disability (YPD) contract and one resident on a long-term support chronic health (LTS-CHC) contract. All other residents were under the aged related residential care (ARRC) contract. The service is managed by an experienced nurse manager with a current annual practising certificate. The nurse manager is supported by three RNs, care staff and the PSSC management team, including the general manager for services for older people and the chief executive officer (CEO). The nurse manager reports to the general manager. The nurse manager has completed in excess of eight hours of professional development over the past year pertaining to the management of an aged care facility.PSSC as an organisation incorporates the Māori concept of wellbeing – Te Whare Tapa Whā into their Eden alternative model of care. The general manager collaborates with mana whenua (Māori advisor) in business planning and service development to improve outcomes and achieve equity for Māori. The Māori advisor assists with identifying and addressing barriers for Māori, and ensures the organisation provides equitable service delivery to improve outcomes/achieve equity for all residents, including people with disabilities. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Wallingford Rest Home are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery. The quality plan has clear targets including (but not limited to) falls, skin tears, medication errors, and infection control. Goals are regularly reviewed, and quarterly reporting documents that all targets have been achieved. The service organisation philosophy and strategic plan reflect a person/family centred approach with the overarching goal of ‘how are our communities, whanau and clients better off as a result of our efforts?’.There is an involved governance Board that includes family/whānau members. A Māori health strategy is actioned at Board level. The Board member interviewed described that they are very well informed and have close linkages to the service. There is a Māori cultural advisor to the Board to advise on any issues requiring cultural oversight and direction. The terms of reference for the Board adheres to a documented agreed terms and reference. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. The chief executive officer (CEO) is responsible for the overall leadership of the management team. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents. Clinical governance is overseen by the general manager and includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI’s). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.  |
| Subsection 2.2: Quality and risk 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.Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | Wallingford Rest home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Three-monthly staff meetings, three-monthly health and safety meetings, monthly clinical meetings, and monthly organisational clinical quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data and trends in data are posted on a quality noticeboard. Data is benchmarked against other PSSC facilities, and Presbyterian Support facilities nationally and a large National benchmarking group which includes other National Providers. Industry standards are analysed internally to identify areas for improvement. The March 2024 Eden satisfaction survey has been recently completed and indicates that residents have reported an overall satisfaction level of 100% within the service provided. The survey results have communicated to residents and family/whānau. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. PSSC has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed at least every three years. A Māori advisory group and Māori advisor review quality data, resident and family/whānau feedback, with the goal of improving health equity. New policies or changes to a policy are communicated to staff. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.Interviews with the general manager and the nurse manager confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the general manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility. Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The electronic system escalates alerts to PSSC senior team members depending on the risk level. Discussions with the general manager and nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed to notify HealthCERT. Public health authorities have been notified of two Covid-19 outbreaks in 2023.The service has been awarded a continuous improvement for the reduction of skin tears.  |
| Subsection 2.3: Service managementThe people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The nurse manager (RN) is available Monday to Friday. In the absence of the nurse manager, the RN is responsible for the running of the facility with support from the general manager. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with staff, residents and family/whānau also confirmed satisfaction with staffing levels. The service currently has three RNs and a clinical manager. Three RNs are interRAI trained. There is a two-yearly education and training schedule being implemented. The service has changed from block study days to an ongoing education planner designed for continuous monthly training. The Eden learning circles process is implemented as an interactive way for staff to achieve learning goals. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. The training content provided resources to staff that encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. All attendance at training and all competencies attained are documented on a spread sheet and staff training is monitored. Caregivers are supported to gain New Zealand Qualification Authority (NZQA) qualifications for their role; there are seven caregivers with level four, and 12 caregivers with level three. A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN/EN staff (medication administration, blood sugar levels and insulin administration, wound management as examples). Additional RN/EN specific competencies include syringe driver and interRAI assessment competency. All RNs are encouraged to attend external training, webinars and zoom training where available. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety, Te Kete competency, and moving and handling. A record of completion is maintained on an electronic register. As part of The Eden philosophy, Wallingford work to support staff wellness. This is managed by the general manager. There is a ‘support mates’ system between staff, a 24/7 staff helpline and staff social engagement, such as the ‘wally walkers’ who are walking 50 km in one month. Additional staff support is provided through vouchers and staff treats at work (such as valentines day biscuits).  |
| Subsection 2.4: Health care and support workersThe 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.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.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. | FA | There are human resource policies in place, including recruitment, selection, orientation, staff training and development. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented and all staff that had been in employment for more than 12 months, had an annual appraisal completed. A three-month appraisal and development meeting occur three months after commencement of employment. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive induction is provided, which includes a training in the Eden philosophy. The health and safety/ training coordinator assists with the implementation of the orientation and assists staff when first starting. There are competent trainers to ensure manual handling and transfer competencies are completed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently, PSSC supports an employee assistance programme across all its sites which is available to all staff.  |
| Subsection 2.5: InformationThe people: Service providers manage my information sensitively and in accordance with my wishes.Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.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. | FA | There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery on the electronic system for reference. There is a locked secure bin on site, as well as a document shredder for immediate document destruction. The CEO is the privacy officer. Health information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration. |
| Subsection 3.1: Entry and declining entryThe 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.Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | The service has policies and procedures in relation to admission and decline of residents. Potential clients are assessed by the needs assessment service coordination (NASC) team for rest home level care. The NASC team liaise with the Liaison Manager (based at The Croft sister facility), who manages entry to beds. The liaison manager discusses the details with GM and the nurse manager at Wallingford Rest Home to ensure suitable placement to available beds and maintains records on how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals which capture ethnicity.Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information is provided for family/whānau and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement and in the information pack. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The nurse manager (RN) is available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The nurse manager reports there has been no residents declined; however, was aware of the process. There is a policy in place to document this should a resident be declined. There are established links with local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.  |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Six resident files were reviewed (including one resident on a YPD contract and one resident on a LTS-CHC contract). The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan.All assessments, interRAI assessments and reassessments, long-term care plans and evaluations were completed within expected timeframes. All long-term resident files, including those on YPD and LTS-CHC contracts, had an interRAI assessment completed within the required timeframes. Outcomes of the assessments are addressed in the long-term care plans. The Eden Alternative philosophy guides the care plan and includes ‘getting to know me’ and ‘healthy me’ sections, identifying the resident’s needs for support. The care plan includes activities and interventions to ensure that resident’s physical, mental health, cultural and wellbeing needs are met. Additional risk assessment tools include behaviour and wound assessments as applicable. The long-term care plan includes aspects of daily living. Care plan interventions were holistic and addressed all needs in sufficient detail to guide staff in the management of the care of the resident. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, wounds and infections. The GP reviews residents at least three-monthly.All residents had been assessed by the general practitioner (GP) or nurse practitioner (NP) from two separate practices within five working days of admission. The GP and the NP both visit weekly. Out of hours cover is provided by Healthline. If a resident requires urgent care, they are transferred to the local hospital. The NP (interviewed) commented positively on the communication and quality of care at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist three to four hours a week and a podiatrist visits every six to eight weeks. Specialist services, including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Health New Zealand - South Canterbury or the district nursing service.Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by caregivers and at least weekly by registered nurses. The registered nurses further add to the progress notes if there are any incidents or changes in health status.Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident’s condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.There were two current wounds (including a surgical wound and an abrasion). Both wounds reviewed had comprehensive wound assessments, including photographs to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to a wound nurse specialist. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use. Visual checks confirmed there are adequate supplies of clinical supplies and all appropriate equipment.Caregivers and the registered nurses complete monitoring charts, including bowel chart; reposition charts; vital signs; weight; food and fluid chart; blood glucose levels; and behaviour as required. Incident and accident reports reviewed evidenced timely RN follow up, and relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the nurse manager, who reviews every adverse event before closing. Neurological observations have been completed as per the falls management policy and neurological observation policy. Staff are guided by the Meihana model of care for Māori residents, Māori health plan and cultural safety policies and confirmed their understanding of the processes to support residents and whānau to include resident’s pae ora outcomes in their plans. Cultural information for residents who identified as Māori included the person’s iwi, information relating to the whānau and other important aspects for the resident. The care plans sampled evidenced partnership and participation of tāngata whaikaha and whānau in planning their care and making decisions over their support. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these were documented. Staff interviewed confirmed they understood the process to support residents and whānau. |
| Subsection 3.3: Individualised activitiesThe people: I participate in what matters to me in a way that I like.Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | The qualified diversional therapist has been in the role for 15 years. The diversional therapist works 26 hours a week. The activities programme supports resident independence based on the Eden philosophy. The Eden alternative philosophy and approach is promoted through meaningful activities, companionship and the opportunity to provide as well as receive care. The team is further supported by a group of volunteers who assist with craft, entertainment, pet therapy and group activities. An occupational therapist (interviewed) visits monthly and provides support and advice. The overall programme has integrated activities that is appropriate for the cohort of residents. A copy of the weekly activities programme is given to each resident every Monday morning and is displayed on noticeboards. The programme includes exercises; bowls; novel reading; word games; board games; meditation; activities of resident’s choice; craft; church services; van outings; housie; quizzes; and seasonal celebrations. The programme allows for flexibility and resident choice of activity. There are plentiful resources.The activities team has encouraged participation and understanding on the relevance of Matariki and Te Tiriti o Waitangi. Matariki and Māori language week is celebrated. Opportunities are created for those residents that wants to participate in te ao Māori with waiata, poi exercise and Māori singing. The activities programme includes the use of te reo Māori for the current month name on the activity’s planner. There is Māori language education for residents and linkages with the marae in Temuka. Residents are taught simple words, phrases, and greetings in Māori as part of the everyday programme. Māori residents are provided opportunities to talk about their Māori heritage, Māori singing, and the use of te reo Māori in everyday conversation. The service has provided a crock pot hangi and facilitated attendance for Māori residents at the local marae. The programme includes wood burning activities held at Te Whare Manaaki. Primary school children and kindergarten children visit the facility on a regular visit. One of the Māori residents actively participated in a welcome karakia in conjunction with Wallingford staff and the PSSC cultural advisor. Wallingford Rest Home wanted to increase community involvement and improve relationships with the local Māori community and provide te ao experiences for all residents. A project team was set up involving the activity team at Wallingford Rest Home and Arowhenua whanau services (AWS). AWS invited residents from Wallingford Rest Home to join their programme with the aim of residents learning new crafts, introducing residents to AWS whanau and learn new things in a relaxed and respectful atmosphere of fun. With the assistance of Ministry of Health funding, Wallingford Rest Home supported this community pilot initiative. AWS staff (Kaimahi) ensure an activity plan is provided on different days. Activities include bone carving, mindfulness, crafts, harakeke weaving and knitting (amongst other activities). The initiative was initially trialled with eight residents from Wallingford Rest Home and the facility bus was used to transport residents. The visits were very successful with residents enjoying the visits and stating they wanted to continue. Karakia is enjoyed prior to afternoon tea. The service reports that one resident who identifies as Māori, has taken a leadership role and likes to ‘keep an eye” on his fellow residents and offers assistance when needed. Residents provide feedback through three-monthly residents’ meetings and family meetings.One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents interviewed stated they enjoy attending the activities and enjoy contributing to the programme. There are 26 volunteers who assist with morning tea, van driving, music, happy hour, housie, pet therapy, bowls, craft, one-to-one visits and outings with activities staff. All volunteers have been orientated to residents’ rights, privacy, and confidentiality. Opportunities are created to participate and contribute to the home and community, in a way that enhances the resident’s wellbeing.A resident social profile (getting to know me) and my care quilt is completed and informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and family/whānau interviewed were happy with the variety of activities provided.  |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.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. | FA | There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Medications were appropriately stored in the medication trolley and medication room. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. The medication charts reviewed identified that the GP had reviewed them three-monthly and current photographic identification was present in all the medication files reviewed. All medication files had ‘as required’ medications that had prescribed indications for use. The effectiveness of ‘as required’ medication was documented in all the files reviewed on the electronic medication system. No standing orders are used. Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The effectiveness of ‘as required’ medications is recorded in the electronic medication system and in the progress notes. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP or NP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There are three residents self-administering their medications that are deemed competent with three-monthly competency reviews, and their medication is safely stored. The medication policy describes the procedure for self-medicating residents, and this has been implemented as required. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.The clinical files included documented evidence that residents and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The nurse manager described an understanding of working in partnership with all residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.  |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The cook interviews all new residents to ensure preferences are accommodated. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place and expires in September 2024. The meals and baking at Wallingford Rest Home are all prepared and cooked on site. The menu follows summer and winter patterns in a four-weekly cycle and has been reviewed by a qualified dietitian. The kitchen is situated adjacent to the dining room and meals are served directly to residents in the dining room. The head cook works Monday to Friday and there is a weekend cook to cover seven days of the week. Both cooks have received cultural and food safety training. Tikanga guidelines are available to staff who understand the intent of tapu and noa. On the day of audit, meals were observed to be tasty and well presented.Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. The cooks and caregivers were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Modified utensils, such as lip plates, are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding a resident’s food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes. Cultural, religious and food allergies are accommodated. A crock pot hangi was recently provided and enjoyed by all residents. Alternative meals are offered for those residents with dislikes or religious preferences. Caregivers interviewed confirmed their understanding of tikanga guidelines in terms of everyday practice.  |
| Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their 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. | FA | Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There is a policy and procedure documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner by the registered nurse or nurse manager. The registered nurse explained the transfer between services includes a comprehensive verbal handover, and a transfer information form is completed, with the inclusion of specific transfer documentation. When residents are transferred to acute services, the “yellow envelope” Health New Zealand – South Canterbury transfer documentation system is used. The nurse manager reported that an escort is provided for transfers as required. Transfer documentation in the sampled records showed the appropriate documentation and relevant clinical notes were provided to ensure the continuity of care.The residents (if appropriate) and families/whānau were involved for all discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. |
| Subsection 4.1: The facilityThe 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.Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.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. | FA | The building holds a current warrant of fitness which expires 1 June 2024. Appropriate systems are in place to ensure the resident’s physical environment and facilities are fit for purpose. There is a monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/ trades services are available 24 hours as required. Testing and tagging of electrical equipment has been completed and medical equipment, scales were last checked and calibrated in February 2024. Hoists were last checked in September 2023.The maintenance person (also the health and safety representative) works fulltime across Wallingford Rest Home and three sister facilities Monday to Friday. There a second full time maintenance person who visits Wallingford twice a week and more often if required. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily by the nurse manager and signed off by maintenance when repairs have been completed. Full-time groundsmen are employed to maintain gardens and grounds. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. The décor is culturally appropriate. Residents interviewed confirmed they are able to move freely around the facility and that the accommodation meets their needs. All resident rooms in Wallingford Rest Home are single rooms with individual or shared ensuites (six rooms do not share ensuites). Residents and family/whānau are encouraged to personalise bedrooms, as viewed on the day of audit. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Caregivers interviewed stated there is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There are no plans for building projects, or further refurbishments; however, if this arises, the organisation is open to the inclusion of the Māori advisor and local providers to ensure aspirations and Māori identity are included.  |
| Subsection 4.2: Security of people and workforceThe people: I trust that if there is an emergency, my service 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. | FA | Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in 2010. A fire evacuation drill is repeated six-monthly in accordance with the facility’s building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power failure, gas cooking is available. There are arrangements with a sister facility in Timaru or a local firm to provide a generator to power the nurse call system, and essential lighting and services. There are pendant call bells and Wi-Fi call bells which can be relocated anywhere in the lounge area and call bells in communal toilets and the dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secured during the hours of darkness. Staff on afternoon and night duty conducts security checks. A security firm checks doors and windows twice a night.  |
| Subsection 5.1: GovernanceThe people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.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. | FA | The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. There is commitment to infection control and antimicrobial stewardship (AMS) documented in the strategic plan. The infection control and AMS programme is reviewed annually, in consultation with the infection control coordinator.Wallingford Rest Home reviews the infection control data monthly and ensures that education is implemented for any emergent tissues. The infection control programme is reviewed quarterly by the PSSC infection control team and infection control audits are conducted. Infection matters are raised at the quarterly infection control committee meetings. Infection rates are presented at staff meetings and discussed at quality meetings and clinical governance group meetings. Infection control data is reviewed and benchmarked internally and externally with other aged care groups. The CEO receives reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and AMS on a monthly basis, including any significant infection events. |
| Subsection 5.2: The infection prevention programme and implementationThe people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.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.As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed workshops /webinar with Health New Zealand; they also are a member of the infection control forum at Health New Zealand- South Canterbury. The service has access to an infection prevention clinical nurse specialist from Health New Zealand-South Canterbury.The service has a Covid-19 response plan which includes preparation and planning for the management of outbreak. There is ample personal protective equipment (PPE), and these are regularly checked against expiry dates, as sighted on the day of the audit.The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed two yearly with consultation with infection control coordinators from each facility and the cultural advisor. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared equipment is appropriately disinfected between use. The service has information around infection control in te reo Māori available for Māori residents and assists the organisation with cultural safe practice. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control that acknowledge the spirit of Te Tiriti. There are no other refurbishments, construction or installation planned. The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). The expiry dates are checked at regular intervals.The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene, and personal protective equipment training. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There is a sign in process for visitors. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementationThe people: I trust that my service provider is committed to 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. | FA | The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, registered nurses, and clinical quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. |
| 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. | FA | Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) and ethnicity is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance data is discussed at quality meetings and staff meetings. Results are reported to the Board monthly and also at the quarterly Board meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions completed for areas of improvement. The service receives email notifications and alerts from Health New Zealand-South Canterbury for any community concerns. There has been two outbreaks of Covid-19 since the previous audit. The outbreaks were contained and managed well with outbreak meetings, reviews of practice and support from Public Health, and Health New Zealand -South Canterbury. There was one resident in the rest home that was in isolation with Covid-19 on the days of the audit. This was being well managed according to policy and procedure. An outbreak kit was outside the resident`s room.  |
| Subsection 5.5: EnvironmentThe 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 environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on site. There is a designated laundry assistant/housekeeper employed seven days a week. The laundry has two commercial washing machines and dryers. There are clearly defined clean/dirty areas. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Cleaning trolleys are stored safely when not in use. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms. The infection control coordinator is overseeing the implementation of the cleaning and laundry audits. |
| Subsection 6.1: A process of restraintThe people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | An interview, the restraint coordinator described the organisation’s commitment to restraint minimisation. This is supported by the governing body and policies and procedures. On the days of audit there was no restraint in use. The general manager of services for older persons is the restraint coordinator. Restraint minimisation is included as part of the training plan and orientation programme. Staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at quality and staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required.  |

# 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.

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| No data to display |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 2.2.2Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care. | CI | Wallingford Rest home identified an opportunity to reduce skin tears. Research was undertaken and it was noted that moisturising skin can reduce the incidence of skin tears by 50%. A review of their current practice noted that not all residents had access to a neutral PH moisturiser.  | The service researched the best moisturiser to use and worked with GPs to prescribe the moisturiser on the ‘as needed’ side of the medication chart. This allowed the service to access the chosen moisturiser from the pharmacy. This made the moisturiser easy to access and less likely to run out. Each resident has their own bottle in their room.Caregivers, residents and family/whānau were educated regarding skin care and the importance of moisturisation. Applying the crem also links to the Eden philosophy and the importance of therapeutic touch.Once the project was commenced, the service reports that it became self-propelling as residents were very happy and caregivers were easily able to access the moisturiser. It was also noted that residents (where able) began to self-apply as part of self-care. The results of the project have evidenced that overall skin tears have reduced. A sample for each July since 2020 to 2023 documents that skin tears have reduced from 24 in July 2020 to 14 July 2023. |

End of the report.