

Observatory Village Charitable Trust - Observatory Village Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Observatory Village Charitable Trust
Premises audited:	Observatory Village Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 June 2024 End date: 6 June 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	74

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Observatory Village Lifecare provides hospital (geriatric and medical) and rest home levels of care for up to 93 residents. On the days of the audit there were 74 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora- Southern. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family, management, staff, and a general practitioner.

The facility manager is an experienced non-clinical manager in aged care. The facility manager is supported by the clinical nurse manager and experienced registered nurses and caregivers. Observatory Village Lifecare has worked to implement cultural safety protocols and to ensure there is a safe environment for Māori and others to come into the service.

The shortfall in the previous certification audit regarding risk assessments has been addressed.

This audit has identified four shortfalls related to care planning interventions, monitoring charts, and medication management.

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.



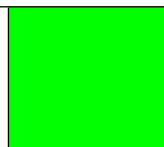
Subsections applicable to this service fully attained.

Observatory Village Lifecare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. The Māori health plan and associated policies and Pacific health plan are in place. The service aims to provide high-quality and effective services and care for residents.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and objectives. The service has documented quality and risk management systems, with these systems designed to meet the needs of residents and their staff. Quality meetings are held monthly, with comprehensive information and data tabled at the meetings. The quality agenda for each meeting includes all aspects of the quality programme.

A health and safety system is in place. Health and safety processes are embedded in practice.

The staffing and rostering policy is documented. Human resources are managed in accordance with good employment practice. Staff complete orientation and competencies at the time they are employed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

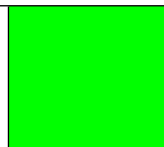
Residents are assessed by the need's assessment service coordination service prior to admission to determine the required level of care. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan, review, and evaluates residents' needs, outcomes, and goals, with the resident and/or family/whānau input.

The organisation has an electronic resident management system. Resident files are electronic and included medical notes by the general practitioner, and allied health professionals. Medication policies reflect legislative requirements and guidelines. Medications are stored securely.

All food and baking is prepared and cooked on site. A current food control plan has been registered.

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

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

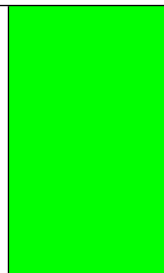


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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



Subsections applicable to this service fully attained.

There is a comprehensive infection control programme in place which is reviewed annually. Staff receive regular infection control education.

Surveillance data is collated and is reported to facility meetings. There have been three Covid-19 outbreaks and a recent norovirus outbreak since the previous audit; all were well managed.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. There are no residents currently using restraints. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	1	1	0	0
Criteria	0	46	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place alongside cultural policies. The plan and associated policies acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents and staff who identify as Māori. Observatory Lifecare has established relationships with the Māori community, local iwi, and Māori community disability services in the Southern area and is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau, as documented in the resident care plan.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Observatory Lifecare has a Pacific health plan in place which outlines how the service responds to the cultural needs of resident, and how staff are supported to ensure culturally safe practice. There are staff who identify as Pasifika at present. Currently there are no residents who identify as Pasifika. The manager and Board have links to Pacific organisations to provide support and guidance for residents if admitted to the service, to help ensure the resident and their whānau/family are supported in a culturally safe manner.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Interviews with seven residents (four rest home and three hospital) and four family/whānau (two hospital level of care and two rest home residents) confirmed their understanding of the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p> <p>All staff interviewed (seven caregivers, one enrolled nurse, two registered nurses (RNs), one health and safety lead) at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff who were interviewed confirmed they understood the service's policy on abuse and neglect, including what to do if there were observed to be any signs of this. The staff orientation process includes education related to professional boundaries, expected behaviours, and the code of conduct. All staff sign a code of conduct. Education on abuse and neglect was provided to staff annually. Residents reported their property and finances were respected and that professional boundaries were maintained. The service has policies that guide staff who handle resident funds.</p> <p>The facility manager stated staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical/sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices</p>	<p>FA</p>	<p>In the eight files reviewed, admission agreements were signed and saved in the residents' electronic file. Informed consents had been signed and were included on the electronic file for general matters, as well as specific</p>

<p>will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>consents for Covid-19 and influenza for specific procedures.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and procedures were clearly documented to guide staff. The complaints process complies with Right 10 of the Code of Rights (the right to complain), to be taken seriously, respected, and to receive a timely response. The facility manager deals with all non-clinical complaints and the clinical manager manages the clinical complaints. All verbal and written complaints are kept on a paper-based complaint register.</p> <p>In total there were eight complaints lodged in 2023 and four in 2024 year to date. There were no identified trends in respect of these complaints. There have been no external complaints reported since the previous audit. All complaints reviewed confirmed that complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints and the corrective actions that occurred; this was evidenced in the relevant meetings (meeting minutes sighted).</p> <p>The facility manager and clinical manager reported that the complaint process timeframes are adhered to. In the event of a complaint, documentation including follow-up letters and resolution, would be completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents confirmed they are provided with information on the complaints process and noted any concerns or issues they had, are addressed promptly.</p>

		<p>Family/whānau and residents when 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. Residents spoken with expressed satisfaction with the complaint process. In the event of a complaint from a resident who identifies as Māori or whānau member, the service would seek the assistance of an interpreter or whānau, client or cultural advisor if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Observatory Village Lifecare provides rest home and hospital level of care for up to 93 residents. The facility has 81 beds and 12 attached serviced apartments certified to provide rest home level care. All beds in the care facility are dual-purpose beds.</p> <p>On day one of the audit, there were 74 residents at Observatory Lifecare. The 32 hospital level residents included one resident on a long-term support chronic health contract (LTS-CHC) and one resident on a palliative care contract. The 42-rest home level care residents included one resident on respite and one resident on Accident Corporation Compensation (ACC) funded respite care. All remaining residents were on the age-related residential care (ARRC) contract. There were no residents at rest home level in the serviced apartments.</p> <p>Following a recent organisational restructure, there is a newly appointed facility manager who has previously worked for Observatory Life Care doing project work. The facility manager reports to the chairperson of the Board and is supported by an experienced clinical manager (RN), a RN team of varied experience, an enrolled nurse and a team of long-serving caregivers. The facility manager is non-clinical and has extensive aged care management experience. Responsibilities and accountabilities for senior roles are defined in job descriptions and individual employment agreements.</p> <p>Along with the restructure of senior management, the strategic plan (2021-2026) is being reviewed. It continues to provide guidance for the annual business plan. The business plan describes annual and long-term objectives which are specific and measurable, that are regularly reviewed and updated. These site-specific goals relate to clinical key performance</p>

		<p>indicators, including restraint minimisation, infection prevention and control, and others related to staffing, ensuring stable staffing numbers in all areas, but especially the RN team. Goals are reviewed through regular meetings and in annual reporting.</p> <p>The chairperson and other Board members have connections with local Māori who are able to support Board, staff and management in honouring Te Tiriti o Waitangi and ensuring the reduction of barriers to improve outcomes for Māori and Pacific peoples. Further to this, equity for Māori and Pasifika is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control).</p> <p>A range of meetings are held, including monthly Board meetings; a Monday catch up with the village manager, the clinical manager and facility manager; and the Board chairperson and facility manager have an informal catch up at least weekly and more often if necessary. A sample of these meetings were reviewed and the Board chairperson confirmed adequate information is shared to monitor organisational performance, including potential risks; contracts; human resources and staffing; growth and development; maintenance; quality management; and financial performance.</p> <p>The clinical governance structure is appropriate for the size and complexity of Observatory Lifecare and includes the facility manager and the Board, which includes registered health professionals. The facility manager, clinical manager and village manger meets to ensure there is a consistent overall approach and that all various parts of the review are interlinking to minimise duplication and maximise its purpose.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a</p>	<p>FA</p>	<p>Observatory Village Lifecare 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. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p>

<p>focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>A range of internal audits planned and undertaken in 2023 and 2024 as per the audit calendar (which was reviewed). These included medication file audits and environmental audits (including cleaning and laundry). Results are collated and action plans are developed as needed, addressed signed, and dated on completion. The service prioritises any findings related to key aspects of service delivery, resident, and staff safety. The staff are informed of any results at the regular monthly management review/staff/house meetings. A set of agenda and minutes of all meetings are maintained.</p> <p>The resident satisfaction survey was completed, identifying overall satisfaction. Comments and data gathered was analysed and used for improving services as needed. Health and safety systems were implemented. The current hazard register reflected the environment, with the severity and probability of each risk identified and risk determined. The risks are monitored, analysed, and addressed, especially risks associated with service provision.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. The electronic resident management system is reviewed by the clinical manager daily and the facility manager confirmed that any risks are escalated immediately. Results are discussed at handover.</p> <p>Discussions with the clinical manager and facility manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, there have been Section 31 notifications completed to notify HealthCERT of the lack of an RN on duty and three stage III or more pressure injuries. Further to these notifications, there have been three Covid-19 outbreaks. A recent outbreak was confirmed to be norovirus. All outbreaks had been appropriately notified and external advice and support sought as necessary.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>annual practising certificates of health professionals are held on site. Caregivers feel confident that there is sufficient RN and enrolled nurse to support them in the work they do. When interviewed, caregivers and RNs stated there is adequate staffing in place and that there are enough staff employed to cover shifts. When interviewed, family/whānau confirmed bells are answered promptly.</p> <p>The rosters are displayed monthly. On-call support and advice is always available when required. The facility manager provides on-call support for staffing and other non-clinical matters. The clinical manager is on call 24/7. The out of hour's on-call policy explains how and when to contact the out-of-hours on-call person, weekend GP services, and ambulance.</p> <p>Education is planned on an annual basis and includes mandatory training requirements of communication; cultural training; Code of Rights; infection prevention and control; abuse and neglect; smoking cessation; advocacy; calming behaviour and de-escalation; and informed consent. Competency assessments include (but are not limited to): hand hygiene; wound management; controlled drug checking; syringe drivers for RNs; donning and doffing of personal protective clothing; first aid; and medication management.</p> <p>Observatory Lifecare is committed to having staff complete New Zealand Qualification Authority (NZQA) through Careerforce. The clinical manager is an assessor for Careerforce and there are currently ten staff in training to complete levels three and four New Zealand Certificate in Health and Wellbeing.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide</p>	<p>FA</p>	<p>A sample of six staff files (clinical manager, registered nurse, enrolled nurse, housekeeper, health and safety lead, and a caregiver) confirmed the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, police vetting, and performance appraisals. All health professionals have their current practising certificates held on file.</p> <p>A comprehensive orientation programme specific to the staff member's role ensures new staff have a thorough understanding of the job</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>requirements and expected standards.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation and interviews with staff. Staff reported that they have input into the performance appraisal process and set their own goals. Staff receive an orientation programme that covers the essential components of the service provided.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Eight files were reviewed; this is an extended sample in order to include residents covered by the ARRC agreement. The files sampled included: three hospital residents, including one resident on a LTS-CHC contract and one on a palliative care contract. The files of three rest home residents were reviewed, including one resident on an ACC contract and one respite on respite care.</p> <p>The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission, in consultation with the residents and family/whānau where appropriate or per the residents' request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the needs assessment and service coordination assessments, served as a basis for care planning. Residents and family/whānau representatives of choice or enduring power of attorney (EPOAs) were involved in the assessment and care planning processes. In the residents' files sampled, there were current interRAI assessments completed, and the relevant outcome scores supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>Cultural information for a resident who identifies as Māori included the person's iwi, information relating to the whānau and other important aspects for the resident. The staff confirmed they understood the process to support residents and whānau. The resident who identified as Māori confirmed their satisfaction with the care and processes in place.</p>

	<p>All residents have admission assessment information collected and an initial care plan completed at time of admission. The residents on the ACC respite care, respite care and palliative care contracts did not require interRAI assessments to be completed. A range of risk assessments are completed as required and are used to inform the care plans. This was a finding at the previous audit (3.2.5) and has been addressed. The care plans are holistic and align with the service's model of person-centred care. The long-term care plans sampled reflected residents' strengths, goals and aspirations aligned with their values and beliefs identified through the assessment process and documented. A number of care plans included comprehensive interventions to guide care delivery; however, shortfalls in the planning of appropriate interventions was evident in the files reviewed.</p> <p>Care plan evaluations were completed within expected timeframes and documented progress against the set goals. Changes in health status are recorded in the progress notes and could be recorded as short-term care plans or updated in long-term care plan. Short-term care plans were used; however, these were not consistently used as per policy to guide care for all short-term issues, including (but not limited to) infections; weight loss; behaviours; bruises; and wounds. A record of who participated in the development and evaluation of care plans was documented in meetings that occur with family/whānau; these meetings occur at the time of admission, as well as at the time of any acute health change and at the six-monthly review.</p> <p>Where progress towards goals was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral would be made to the needs assessment service coordination (NASC) team for reassessment of level of care.</p> <p>There are two GPs who see most of the residents; both GPs visit weekly. Out of hours consultation is limited to when a resident requires palliative input, as there is limited after hours on-call availability. At the weekend there are clinics on both days. Medical assessments were completed by the GP within five working days of an admission. Routine medical reviews were completed every three months and more frequently as determined by the resident's needs when required. Medical records, including three-</p>
--	--

		<p>monthly reviews, were evidenced in sampled records. The care plans evidenced service integration with other health providers, including activity notes, medical and allied health professionals. Allied health interventions were documented for visits and consultations. At present, Observatory Lifecare has a vacancy for a physiotherapist; however, one can be accessed through a private provider when required. A podiatrist visits six-weekly.</p> <p>Residents' care was monitored on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the RNs, as confirmed in the records sampled. A range of monitoring charts are available for the RNs to utilise, including (but not limited to) vital signs, blood sugar monitoring, and weight; however, neurological observations were not always completed according to policy.</p> <p>A wound register is maintained. There were eight residents with wounds, including three stage I pressure injuries. Observatory Lifecare has a process in place for ensuring wounds were reviewed; however, a shortfall was noted where not all wounds were updated with the frequency that was planned. All had comprehensive wound assessments, which provided information regarding assessment, monitoring and progress of the wound. There were wound management plans and documented evaluations, including photographs to show healing progression. However, there were minor wounds, including small skin tears and grazes, that did not have a wound care plan or interventions documented on a care plan. Further to this, a stage I pressure injury was not being reviewed/dressed in the frequency planned. Wound dressings are completed by RNs and senior caregivers who have completed a wound competency. The wound care specialist has input to chronic wounds and pressure injuries when required. The caregivers and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>PA Moderate</p>	<p>Policies and procedures that meet legislative requirements are in place for medication management. All staff who administer medications are assessed annually for competency. Education around safe medication administration has been provided. Staff were observed to be safely</p>

<p>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.</p>		<p>administering medications. Registered nurses interviewed could describe their role regarding medication administration. Observatory Lifecare uses blister packs for regular use and pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>All medications are stored in a secure room. Medication trolleys are locked and stored securely when not in use. The medication fridge and medication room temperatures are monitored weekly. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. However, a number of the stock medications were out of date and had belonged to residents who were no longer at Observatory Lifecare. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies are prescribed by the GP and charted on the electronic medication chart.</p> <p>Sixteen electronic medication charts were reviewed; each chart has photo identification and allergy status and sensitivity identified. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly. Medication charts have photo identification and allergy status identified. There were seven residents who are self-medicating; all have the required assessments, reviews, and storage in place.</p> <p>All medications are administered as prescribed. The effectiveness of PRN medications is expected to be recorded in the progress notes or on the electronic medication system; however, this was not always documented in the progress notes or the electronic medication system.</p> <p>There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. Residents and their family/whānau are supported to understand their medications when required. The clinical manager described how they work in partnership with residents to understand and access medications when required.</p>
--	--	--

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped. Diets are modified as required and the staff confirmed awareness of the dietary needs of the resident. Residents have a nutrition profile developed on admission which identifies dietary requirements and preferences. Alternatives and cultural requests are catered for as required. A current approved food control plan was evidenced, expiring on 25 July 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service. The clinical manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises</p>	FA	<p>Appropriate systems are in place to ensure the resident’s physical environment and facilities are fit for purpose. A proactive and reactive maintenance programme is in place, and buildings, plant, and equipment are maintained to an adequate standard. The building warrant of fitness expires on 18 July 2024. An internal process ensures all facility and resident electrical equipment is tested and tagged. Medical equipment, including hoists and syringe drivers, is calibrated annually. Hot water temperatures were monitored and recorded as part of the maintenance schedule and noted to be under 45 degrees Celsius.</p> <p>There are lounges/dining rooms in both the three resident areas, with</p>

<p>people's sense of belonging, independence, interaction, and function.</p>		<p>spaces that are culturally inclusive and provide privacy for residents who are younger. The RNs and caregivers reported when interviewed there is equipment available to meet the needs of the residents.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A clearly defined and well documented infection prevention and control programme is implemented. The programme was developed with input from an external infection prevention and control expert. The current infection prevention and control programme was approved by the Board and is linked to the quality improvement programme. The infection prevention and control policies were reviewed by the clinical manager, who seeks advice from external experts as required. The policies and procedures comply with legislation and accepted best practice and include appropriate referencing.</p> <p>Staff have received education in infection prevention and control at orientation and through ongoing face to face and annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents occurs individually during care provision, as well as reminders about handwashing and advice about remaining in their rooms if they are unwell; residents confirmed this at interview.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Health care-associated infections being monitored included skin, eyes, and respiratory infections. Infection prevention and control audits were completed, including environment - cleaning and laundry, and hand hygiene. Relevant corrective actions were implemented where required. Surveillance of infections includes ethnicity data.</p> <p>Records of quarterly data (sighted) confirmed apart from the outbreaks, there were low infection rates. Benchmarking is completed by the clinical manager/infection prevention and control coordinator. Staff confirmed they are advised of benchmarking results, which occurs by comparison with the previous months and the reasons for increase or decreases, and actions taken was advised. Infection data included ethnicity. Staff</p>

		<p>reported they receive information about infection rates and audit outcomes at staff meetings, and these were sighted in meeting minutes. New infections are discussed at shift handovers to ensure prompt intervention can occur.</p> <p>Since the last audit, three Covid-19 infection outbreaks have occurred in December 2022, February, and March 2023. The facility had just finished a norovirus outbreak the week before the days of the audit. The outbreaks have been appropriately managed, with notifications completed. A comprehensive pandemic plan is in place.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical manager is the restraint coordinator. The service continues to remain restraint free. There are procedures providing guidance and direction for the staff if restraint were considered and it would be reported at the staff/quality, health and safety, and RN meetings. The service works in partnership with Māori, to promote and ensure services are mana enhancing and has access to cultural advice and support through links within the staff and the community. All staff are aware of the service's policy and are trained in restraint minimisation. Staff have had training in behaviours that challenge and de-escalation techniques.</p> <p>The use of restraint is reported at the RN meeting, which acts as the restraint approval group. The chairperson of the Board advised members are aware of the policy around restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	PA Low	Care plans are developed by registered nurses in partnership with residents and family/whānau. Care plans are developed and reviewed within expected timeframes; however, not all care plan interventions were documented to meet resident’s current needs.	<p>i). There were no documented interventions around a change of medications for one rest home resident and one hospital resident.</p> <p>One rest home resident had no care plan interventions documented for a change in sleeping medication.</p> <p>ii). One rest home resident had no interventions documented for a skin tear.</p> <p>iii). One hospital level resident had no interventions documented for an infection.</p>	<p>i).- vi). Ensure care plan interventions are documented to meet the resident’s current needs.</p> <p>90 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>			<p>iv). There were no interventions documented for a hospital resident who requires specialist nutritional requirements.</p> <p>v). There were no documented interventions to manage sundowning behaviours for one rest home resident.</p> <p>vi). There were no non-pharmaceutical interventions documented to manage pain for one hospital level resident.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any</p>	<p>PA Low</p>	<p>A range of monitoring charts and assessment tools are available for the RN to utilise. Monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning; and restraint monitoring are completed. In the event of unwitnessed falls or falls where there has a potential for a head injury, neurological observations have been recorded with a post fall assessment completed by the RNs. However, not all neurological observations and repositioning charts were completed as instructed in the care plan.</p> <p>Wound charts were in place for all wounds; however, not all wound dressings were changed as per the care plan.</p>	<p>(i). Six incidents of unwitnessed falls for three rest home and three hospital level residents had neurological observations completed to some degree but not as per policy.</p> <p>(ii). One rest home resident's wound assessment was not being completed every third day as required in the wound management plan.</p>	<p>(i). Ensure neurological observations are completed as per policy.</p> <p>(ii). Ensure wound dressings are completed as per the wound management plan.</p> <p>90 days</p>

changes are documented.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>All medications are administered as prescribed. PRN medications are prescribed and administered appropriately and indications for use are documented. It is expected that all PRN medication effectiveness will be recorded in the progress notes (electronic resident file) or on the medication chart. PRN medications, including effectiveness, was not always documented as per policy. All staff who administer medications are assessed annually for competency. Education around safe medication administration has been provided. Staff were observed to be safely administering medications.</p> <p>A range of stock medications are kept, and the medications policy requires these to be checked monthly. The medication policy also requires the medications of residents who are no longer at Observatory Lifecare, are appropriately disposed of; however, there were expired medications and medications in stock that belonged to residents who no longer resided at the facility.</p>	<p>i). Eight of the sixteen charts reviewed did not have effectiveness of 'as required' PRN medications recorded either in the electronic residents file or on the electronic medication chart.</p> <p>ii). Three medications kept with the stock medications were expired.</p> <p>iii). Four medications kept with the stock medications had been prescribed to residents who were no longer at Observatory Lifecare.</p>	<p>i). Ensure the effectiveness of prn medications are recorded as per the policy.</p> <p>ii). & iii). Ensure out of date medications and those prescribed for residents who are no longer at Observatory Lifecare, are returned to the pharmacy.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.