

Elms Court Resthome Limited - Elms Court 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](#).

The specifics of this audit included:

Legal entity: Elms Court Resthome Limited

Premises audited: Elms Court Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 17 June 2024 End date: 17 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: 16

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

Elms Court Rest Home provides rest home level of care for up to 18 residents (note that there are 15 bedrooms, with three of these able to have two residents sharing a room). There were 16 residents on the days of audit. 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 – Waitaha 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 and staff.

The service continues with internal refurbishments. There have been no changes to management since the last audit.

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

This certification audit identified no improvements required.

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.

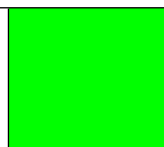


Subsections applicable to this service fully attained.

Elms Court Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan for 2023-2024 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is being implemented. The facility manager is the designated health and safety officer. Hazards are identified with appropriate interventions implemented. There is a staffing and

rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te 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.

Subsections applicable to this service fully attained.

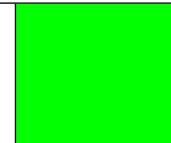
There is an admission package available prior to or on entry to the service. The clinical manager is responsible for each stage of service provision. The clinical manager assesses, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs and cultural considerations were being met. The service has a current food control plan.

The activities coordinator implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te Ao Māori is facilitated through daily activities. Medication policies reflect legislative requirements and guidelines. The clinical manager and caregivers who are responsible for medication administration are assessed as competent to do so. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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.

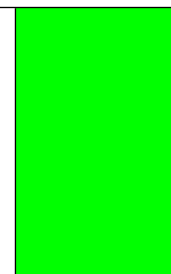


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. There is a preventative maintenance programme documented and implemented. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There are sufficient number of communal toilets/shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff. Close circuit television cameras is available to support the security of the facility.

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.


Infection prevention management systems are in place to minimise the risk of infection to residents, staff 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. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been no outbreaks documented and reported since the previous audit.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is the clinical manager. Restraint training which includes behaviours that challenge and de-escalation strategies is completed as part of the mandatory training plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>The facility manager, clinical manager and their team are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained. The service has a Māori cultural liaison consultant who has links with Waihao Marae. The Māori cultural liaison consultant has also completed education in Māori studies and provides support and guidance for any Māori peoples. The service had no residents who identified as Māori at the time of the audit.</p> <p>Elms Court Rest Home is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. After imbedding initiatives provided by Māori staff members, the service has implemented the use of te reo Māori and</p>

		<p>tikanga Māori into everyday practice. Initiatives included culturally appropriate menu choices, welcoming processes for new residents and staff, recruitment of Māori staff through education, and embedding a culture of acceptance.</p> <p>Five residents and two family/whānau reported they are involved in providing input into the resident's care planning, activities and their dietary needs. One facility manager, one clinical manager and three care partners (caregivers) interviewed described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika at the time of the audit. Individual cultural beliefs are documented in each resident's care plan and activities plan. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links with the local Etu Pasifika (health, wellbeing and whānau ora services). A Pasifika staff member also has links with a local pacific community church.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information provided to new residents and their family/whānau.</p> <p>Three caregivers and two managers (FM and CM- registered nurse) were interviewed during the audit. The facility manager or clinical manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the bi-monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility, and in the information pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake; self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The resident and family/whānau satisfaction survey results (December 2023) confirmed that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. 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 interviewed were positive about the service in relation to their personal choices, values</p>

		<p>and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Five resident files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage is evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</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>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 policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the service (including the Code and complaints management) is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify whānau/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau/next of kin are kept informed and this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English.</p> <p>Caregivers and the clinical manager interviewed described how they would assist any resident that did not speak English with interpreters or resources to communicate, as the need arises. 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. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that</p>	<p>FA</p>	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Residents utilising a shared room give their informed consent, agreeing to having a shared room with other residents. Residents are screened for suitability prior to sharing a room. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could</p>

<p>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>describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for one resident.</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 procedure is provided to residents and families/whānau on entry to the service and is available in English and te reo Māori. The facility manager is responsible for maintaining the complaints register and manages all complaints. There have been two complaints made in 2023 and one received in 2024 year to date. The complaints reviewed included evidence of acknowledgement, investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. There have been no complaints from external agencies. Discussions with residents and family/whānau confirmed they are provided with information on complaints; with complaints forms and advocacy brochures being available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held three-monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management team and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures. Residents and family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The facility manager and clinical manager acknowledged the importance of face-to-face communication with</p>

		Māori and maintains an open-door policy.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Elms Court Rest Home is located in Christchurch and provides care for up to 18 residents at rest home level of care, noting that there are 15 bedrooms (with three of these able to have two residents sharing a room). On the day of the audit, there were 16 residents. Two residents were on a younger person with disability (YPD) contract and two residents were on long term support-chronic health care (LTS-CHC) contract. The remaining residents were on the aged residential care services (ARRC) agreement. There were no residents on respite care at the time of the audit. There were three shared rooms at the time of the audit; and all were occupied and shared on the day of the audit.</p> <p>The facility is owned by a director who also has three other aged care facilities (Elms Court Lifecare, Elms Court Village and Elms Court on Middlepark). All are in the Christchurch area. The director meets with the facility manager on a regular basis (monthly) to review operations and progress towards meeting the business objectives. The director is experienced in the aged care sector and knowledgeable around the legislative and contractual requirements. Collaboration with the director, facility manager, clinical manager, Māori cultural liaison consultant and staff who identify as Māori, reflect their input for the provision of equitable delivery of care and organisational operational policies.</p> <p>A business plan for 2023-2024 is in place and was reviewed in 2023 by the facility manager and director. A mission statement, values, scope, direction, goals and objectives are documented for the service. The four-monthly quality/management meetings provide an opportunity to review operations and to review progress towards meeting the business objectives. The facility manager and clinical manager meet regularly to analyse the quality data. Clinical governance is the responsibility of the clinical manager, with support from the facility/clinical manager at another Elms Court facility.</p> <p>The facility manager and director analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori</p>

		<p>for equitable service delivery. The annual resident satisfaction survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with the directors, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The facility manager (non-clinical) has been in the role for five years and is supported by a clinical manager, who has been in the role for two and a half years. They are supported by an experienced care team. The facility manager meets regularly with the director to facilitate the link between management and governance.</p> <p>The facility manager and clinical manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility, including attending external training and aged care seminars. The facility manager and clinical manager have also demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies through attending a training workshop.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Quality and risk management systems are implemented with quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. There is a documentation policy that includes a process of reviewing policies at regular intervals to meet the Standard and reflect good practice. Monitoring of the quality and risk plan is through a series of meetings and reports. Meetings include four-monthly staff meetings, combined monthly quality, management, and health and safety meetings. The clinical manager is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, infections, and other adverse events. The quality data is displayed on the staff noticeboard. Analysis and trends of quality data is collected and documented to identify opportunities for improvement.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the facility manager or clinical manager when completed. Residents and family/whānau are surveyed to gather feedback on the</p>

		<p>service provided and the outcomes are communicated to residents, staff, and families/whānau. The resident and family/whānau satisfaction survey for 2023 reported a high overall satisfaction for all areas of service delivery. Residents and family/whānau interviewed advised that they were overall satisfied with the care and service they receive. Corrective actions were implemented and completed for the residents' survey around music entertainment at the residents' happy hour and resident chair exercise classes. There were no corrective actions required for the family/whānau survey.</p> <p>There is an implemented health and safety and risk management system in place. The facility manager is the designated health and safety officer. Hazard identification forms and a hazard register are in place, last reviewed on 28 August 2023. Health and safety is included in the orientation and annual staff training programme. Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. Incident reports are completed for each incident/accident. Results are discussed in the combined quality and staff meetings and at handover.</p> <p>Discussions with the facility manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no events reported that required a Section 31 notification and no outbreaks reported since the last audit in February 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. A staff availability list ensures that staff sickness and vacant shifts are covered. There is always a staff member on duty with a first aid certificate. The facility manager works five days a week from 9.00am to 3.00pm. The clinical nurse is rostered Monday to Friday for 40 hours per week. The facility manager is on call 24/7 for any</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>operational related issues and the clinical manager is on call 24/7 for any clinical issues.</p> <p>There are sufficient number of caregivers on morning and afternoon shift to provide clinical and culturally safe care. All are medication competent. There are separate kitchen staff and the activities coordinator works three days a week, from 9.00am to 4.30pm. Caregivers share cleaning and laundry tasks. Observation on the day of the audit and documentation reviewed evidence residents are highly independent and their care needs are met. Residents, family/whānau and staff interviewed stated there were sufficient numbers of staff on duty to safely deliver resident's cares.</p> <p>There is an annual education/training schedule in place for 2024. The education and training schedule lists compulsory training, which includes online and in-service training. A review of training identified compulsory training has been provided. The training included the provision of cultural safety and Te Tiriti o Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training days provided by Health NZ - Canterbury. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen caregivers are employed; two caregivers have achieved a level three and six caregivers have achieved level four NZQA qualification or a higher equivalent.</p> <p>Elms Court Rest Home's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All caregivers are required to complete annual competencies, including (but not limited to) restraint; hand hygiene; correct use of personal protective equipment; medication administration (if medication competent); and moving and handling. The clinical manager has completed competencies for medication administration; wound management; insulin administration; restraint; syringe driver; and interRAI assessments. A record of completion is maintained. The clinical manager is interRAI trained. Care staff are encouraged to complete additional training opportunities where available. Staff wellness is encouraged through participation in health and wellbeing</p>
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		activities, to balance work with life.
<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 clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored in hard copy. Five staff files reviewed (one clinical manager, one activities coordinator and three caregivers) 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, and functions to be achieved in each position. All staff sign their job description during their onboarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy in place. All staff who had been employed for over 12 months have an annual appraisal on file. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff accident/incident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up 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. Signatures that are documented include the name and designation of the service provider. Residents</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an acceptance and decline to entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The clinical manager described having access to Māori service providers through Health New Zealand - Canterbury with support from the provider's Māori cultural advisor.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed for this audit (including one YPD and one LTS-CHC). The clinical manager (registered nurse) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. The service completes interRAI for the residents on YPD and LTS-CHC contract.</p> <p>This is documented in the next of kin communication form and resident records. The service supports Māori (if any) and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had initial interRAI assessments completed in a timely manner to reflect the resident's needs and interRAI reassessments had been completed six-monthly as planned.</p> <p>The long-term care plan includes interventions to guide care delivery related to mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; medication, risks related to specific medical conditions, mood and behaviours; social and cultural; intimacy and sexuality; and pain. The care plan aligns with the service's model of person-centred care. Care plan evaluations were completed as needs changed. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident reviews. After-hours clinical support is available from the clinical manager and will contact the GP if necessary. The GP was not available on the day of the audit. Specialist referrals are initiated as needed, including mental health services for older people. Allied health interventions were documented and integrated into care plans. There is a physiotherapist who visits on referral. A podiatrist visits every six weeks and a dietitian, speech language therapist, occupational health therapist, continence advisor, and wound care</p>
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		<p>specialist nurse are available as required.</p> <p>Caregivers and the clinical manager interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and the RN adds to the progress notes when changes in healthcare occur, when the GP visits, medication changes, or complete weekly progress notes entry.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a RN initiates a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. A wound register is maintained. There were no residents with wounds currently being treated. There are currently no pressure injuries.</p> <p>Caregivers and the clinical manager interviewed stated there are adequate clinical supplies and equipment provided, including continence and wound care supplies. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and the clinical manager complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy.</p> <p>Short-term care plans are utilised for acute issues and include infections, wounds, weight loss and vomiting.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The 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</p>	<p>FA</p>	<p>There is one experienced activities coordinator who works three days a week from 9am- 4.30 pm. There are activities that are resident led and timeslots that are covered by caregivers. Resources are available for the caregivers to cover activities during the weekends. The programme is planned monthly on `Golden carers` platform and includes themed cultural events, including those associated with</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>residents and staff. There is a monthly programme placed in large print on the noticeboard in the lounge.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations and Matariki. Māori phrases are incorporated into the activities, bilingual signages are used, and there are cultural focussed activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities, such as discussions, manicures and relaxation activities are offered.</p> <p>All activities are carried out in the communal lounge. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities and individual participation graphs are available on the Golden Carers platform.</p> <p>Activities include (but are not limited to) exercises; baking demonstrations; crafts; games; quizzes; entertainers on Sundays; crosswords; gardening; board gaming; hand pampering; happy hour; bingo and visits from an animal educator. There are regular van drives scheduled for outings. There is an interdenominational church service and residents are supported to go to their own nearby churches. The younger resident is happy to join in the activities they are capable of doing.</p> <p>There are resident meetings held regularly, with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at resident meetings and six-monthly resident reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies to guide safe medicine management is documented that meet legislative requirements. All caregivers and the clinical manager who administer medications are assessed as competent on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The clinical manager and caregivers interviewed could describe their role regarding medication administration. Elms Court Rest Home currently packages medication for regular use, and 'as required' medications are in clearly labelled bottles. All medications are checked by the clinical manager on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication cupboard and locked trolley. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There was one resident self-medicating their inhaler and there was safe storage of their inhaler in their room. The residents have the appropriate assessment and review on file. As required medications are administered as prescribed, with effectiveness documented in the medication chart. Medication competent caregivers and the clinical manager sign when the medication has been administered. There are no standing orders in use.</p> <p>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. The clinical manager described how they will work in partnership with Māori residents (if any) and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen is a domestic like kitchen, with no commercial kitchen equipment. The kitchen is open plan and part of the dining room area. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 18 February 2025. The four-weekly seasonal menu has been reviewed by a dietitian in November 2022 and is due for review in November 2024. Meals are prepared by the facility manager and a caregiver orientated to do a dual role after 10 am in the morning, and a home maker (kitchen assistant) assists with preparing the tea/dinner meals.</p> <p>There is a food services manual available in the kitchen. The facility manager receives resident dietary information from the clinical manager and caregivers and is notified of any changes to dietary requirements (vegetarian, dairy free,) or residents with weight loss. The facility manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on the noticeboard in the dining room. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Te ao Māori in relation to food practice is facilitated.</p> <p>The facility manager completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked and are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served directly to residents in the dining room, and residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas. All staff have completed food safety and hygiene education.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</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>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There is a discharge of a resident policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager 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 people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There were several refurbishment projects completed, including new carpets in bedrooms and office; new wallpaper in the hallways; new front signage; rewiring of the building; and new light fittings. The building holds a current warrant of fitness, which expires 1 June 2025. The building is older architecture, but well maintained. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There is a maintenance person sharing their time between Elms Court Rest Home and Elms Court Village. There is a gardener that maintains the landscaping. There is a maintenance request book for repairs and maintenance requests located in the nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment, including (but not limited to) hoists and scales, were checked and calibrated in June 2024. Caregivers interviewed stated they have adequate equipment to safely deliver care.</p> <p>There are three shared bedrooms and all were occupied on the day of</p>

		<p>the audit. There are partitions or curtains for privacy, with individual call bells. All other rooms are single. The caregivers confirm there is enough space in these rooms to provide care.</p> <p>The corridors are very 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 external decks/courtyards and gardens have seating and shade. There is safe access to the communal lounge, internal deck and external gardens.</p> <p>There are no ensuites, but all rooms (but two) have hand basins. The other two rooms share a handbasin and toilet.</p> <p>There are sufficient communal bathrooms/showers within the facility, with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and mobility equipment. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There is a spacious lounge and dining room to meet the need of the residents. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in communal areas and wall heaters in the resident rooms. Residents interviewed stated that the environment was warm and comfortable.</p> <p>The facility manager reported that if there is a planned development for the building, there will be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Policies for emergency and disasters 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 case of an emergency. A fire evacuation plan is in place, that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and the last one was completed in April 2024. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the</p>

		<p>event of a power outage, there is a contract to source a generator and gas cooking (BBQ). The building has an interface for the generator.</p> <p>There are adequate supplies in the event of a civil defence emergency, including food supplies for seven days and water supplies (20 gallon water storage bottles) to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms, communal toilets and showers, and lounge/dining room areas. Call bells are tested monthly. The 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.</p> <p>The building is secure after hours, and staff complete security checks at night and two-hourly resident checks. There are closed circuit television cameras in the hallways, communal areas, entries and exits to the building to support security.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. 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 quality risk and incident reporting system. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at combined staff/quality meetings. Infection control data is also reviewed by the clinical manager and comparing data internally. Infection control is part of the business and quality plans. The facility manager and clinical manager complete a written report on the progress of the quality and business plans relating to infection prevention; surveillance data; outbreak data and outbreak management; and infection prevention related audits associated with infection prevention and control and anti-microbial</p>

		<p>stewardship (AMS), including any significant infection events.</p> <p>The service also has access to an infection prevention nurse specialist from Health New Zealand Te Whatu Ora Waitaha Canterbury, and the general practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme includes an outbreak and pandemic response plan. The infection control programme is reviewed annually by another clinical manager within the group of facilities, with support from the clinical managers. The infection control programme links with the quality programme. There are clear reporting guidelines for infections of concern to the director.</p> <p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of positive tests. There are sufficient quantities of PPE available as required.</p> <p>The clinical manager (registered nurse) oversees infection control and prevention across the service. The infection control coordinator has completed online education through Health New Zealand and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Health New Zealand Te Whatu Ora- Waitaha Canterbury- infection control nurse specialist.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines, and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by a clinical manager within the group.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring of these through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents (if any) and the clinical manager stated they will work in partnership with Māori for the protection of</p>

		<p>culturally safe practices in infection prevention, that acknowledges the spirit of Te Tiriti. The Māori cultural liaison consultant will provide guidance.</p> <p>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. Staff have completed hand hygiene and personal protective equipment education. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English, and te reo Māori, and are available in other languages.</p> <p>There are policies that include guidelines to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility manager. The facility manager and infection control coordinator would liaise with their community iwi links through their Māori liaison consultant, should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/ quality and management team meetings. The director is informed of any infection issues. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Elms Court Rest Home infection</p>

<p>(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>control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI, are practiced.</p> <p>Infection control surveillance is discussed at staff and combined quality meetings. The service has incorporated ethnicity data into surveillance methods. Internal benchmarking is completed by the infection control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern and significant events are reported to the director. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand Canterbury for any community concerns. There have been no outbreaks since the last audit. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau, and staff.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry and cleaning is managed on site by the caregivers. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The caregivers interviewed were knowledgeable</p>

		<p>around systems and processes related to hygiene, and infection prevention and control. The infection control coordinator oversees the cleaning and laundry audits. The infection control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities.</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>Elms Court Rest Home is committed to providing services to residents without the use of restraint. At the time of the audit there were no residents using restraint. The governance team is committed to remaining restraint free. The designated restraint coordinator is the clinical manager. Systems are in place to ensure restraint use (if any) will be reported. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau and the choice of device must be the least restrictive possible. At all times when restraint is considered, Elms Court Rest Home will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint approval process includes the resident, EPOA, GP and restraint coordinator. Restraint training, which includes behaviours that challenge and de-escalation strategies, is completed as part of the mandatory training plan.</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.

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, 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.