

Leslie Groves Society of St John's (Roslyn) - Leslie Groves Hospital

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:	Leslie Groves Society of St John's (Roslyn)
Premises audited:	Leslie Groves Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
Dates of audit:	Start date: 2 July 2024 End date: 3 July 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:	70

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

General overview of the audit

Leslie Groves Hospital provides dementia, psychogeriatric and hospital (including medical and geriatric) levels of care for up to 75 residents. There were 70 residents on the days of audit.

This certification audit was conducted against the Nga 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/whānau, management, staff and a general practitioner.

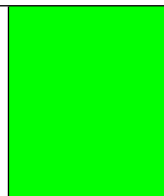
The general manager is appropriately qualified and experienced and is supported by a clinical manager and quality coordinator. There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction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

This certification audit identified the service meets the intent of the Standard.

The service has been awarded continuous improvement ratings around dementia awareness.

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.

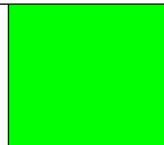
Leslie Groves Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan.

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 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/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. 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.

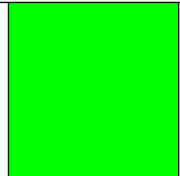
The service is governed by a team of ten Board members and managed by the general manager, who is supported by a clinical manager. The business plan 2023-2024 includes a mission statement mission, services, and values and business objectives The service has effective quality and risk management systems 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 system is in place with identified health and safety goals. Health and safety policies are implemented and monitored by the health and safety committee.

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.
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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day. Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and calibrated. The facility vehicle has a current registration and warrant of fitness.

External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The dementia and psychogeriatric units are secure, with ample indoor and outdoor areas for residents to enjoy. There are appropriate emergency equipment and supplies available.

There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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 consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and 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 staff have access to supplies of personal protective equipment. There have been five outbreaks (Covid-19 and norovirus) 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.

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.

Leslie Grove Hospital is committed to maintain a restraint-free environment for their residents. The service considers least restrictive practices, including implementation of de-escalation techniques and alternative interventions. Staff and managers stated that they would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. Any restraint use is discussed in the quality improvement, registered nurse/clinical and staff meetings. Restraint minimisation is included as part of the mandatory training plan, orientation programme and the Dementia Friendly programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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 is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. As part of staff training, Leslie Groves Hospital incorporates the Māori health strategy (He Korowai Oranga) and Te Whare Tapa Wha Māori model of health and wellbeing into practice. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has links with local Ōtākou marae, who provide guidance and support for Māori. The service has engaged with a Māori advisor (Te Tari Consultants), who is available to support the organisation's cultural journey. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori</p>

		<p>health plan and tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eighteen staff members interviewed (six healthcare assistants (HCA), six registered nurses (RN), one housekeeping manager, one housekeeper, one laundry, one kitchen manager, one quality coordinator and one diversional therapist), 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>Leslie Groves Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. There is a comprehensive Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in a number of different languages according to resident need.</p> <p>At the time of the audit there were no Pacific residents living at Leslie Groves Hospital. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The general manager and clinical manager confirmed how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with one staff member who identified as Pasifika.</p> <p>Interviews with four residents (all hospital) and six family/whānau (one hospital, three dementia and two psychogeriatric) identified that</p>

		the service puts people using the services, family/whānau and the Leslie Groves community at the heart of their services. The service can consult with staff who identify as Pasifika for links with Pacific community groups, to provide support for Pacific peoples when required.
<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>	FA	<p>The Code is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager or unit managers discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the quarterly resident/whānau meetings. All residents and 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 and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Staff receive education in relation to the 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 and 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>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect.</p>

		<p>Satisfaction surveys completed most recently in 2023 confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. A sexuality and intimacy policy is in place and is supported through staff training. 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. Privacy is ensured and independence is encouraged. There are links to spiritual support through local churches. Church services are held regularly.</p> <p>Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</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 their 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</p>

		<p>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 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 is provided to residents and family/whānau on admission. Quarterly resident meeting minutes identify feedback from residents and subsequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. 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. Healthcare assistants and RNs interviewed described how they are able to assist residents who do not speak English, with interpreters or resources to communicate as the need arises.</p> <p>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</p>

		<p>agreement. The service communicates with other agencies that are involved with the resident, such as the Hospice and Health New Zealand – Southern specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>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 relatives 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 residents where required.</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>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written, on a complaints' register. There have been two complaints made since the previous audit in March 2023; both</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>complaints were made in 2023. The complaints reviewed included acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff interviewed confirmed they are informed of complaints in the quality improvement and staff meetings. Complaints are a standard agenda item in all quality improvement, RN/clinical and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time. The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>Leslie Groves Hospital is located in Dunedin and provides dementia, psychogeriatric and hospital level care for up to 75 residents. There are 31 hospital beds in the Redwood unit, 27 psychogeriatric beds in the Taieri unit, and 17 dementia beds in the Ferntree unit. There are no dual-purpose beds. At the time of the audit there were a total of 70 residents: 30 at hospital level care, including one resident on a younger persons with disabilities (YPD) contract; 17 residents receiving dementia care under the aged related residential care agreement (ARRC); and 23 residents receiving psychogeriatric care under the aged residential hospital specialised services (ARHSS) agreement. There were no married couples or double rooms. All rooms are single occupancy.</p> <p>Leslie Groves Hospital is operated by the Leslie Groves Society of St John's (Roslyn), a charitable trust governed by a Board of Parishioners from the Anglican Parish of St John's Roslyn in</p>

		<p>Dunedin. The service is governed by a team of ten Board members and the culture is underpinned by social, cultural, and professional diversity. There are terms of reference for the Board activities. Board members have expertise in their portfolios. The Board meets monthly. An external consultant provides oversight of policies and procedures to ensure they reflect current best practice and align with Ngā Paerewa Standard.</p> <p>The business plan 2023-2024 has clearly identified their mission, services, and values which link to the strategic direction set by the Board. Identified business goals are documented and the goals for 2023 were reviewed. The clinical manager prepares a monthly quality report for the general manager. The quality report is included in the general managers' report to the Board. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. There is a cultural advisor to the Board to provide advice on activities that support equality for Māori. Interview with the general manager confirmed the Board is committed to supporting the Ministry of Health's Māori health strategies.</p> <p>An experienced general manager has been in their role for over five years and is responsible for the overall leadership of the Leslie Groves Hospital and the nearby Leslie Groves Rest Home. They are supported by a clinical manager for Leslie Groves Hospital, who has been in the role for three years and at the organisation for ten years. The clinical manager holds overall responsibility for clinical governance. The clinical governance policy provides the framework for Leslie Groves Hospital (and Leslie Groves Rest Home which was not audited at this time). The clinical manager is responsible for the implementation of the quality and risk management programme and day to day oversight of Leslie Groves Hospital.</p> <p>The general manager and clinical manager have both completed over eight hours annually of training in relation to managing aged care facilities.</p>
Subsection 2.2: Quality and risk	FA	Leslie Groves Hospital has an established quality and risk

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>management programme. The quality coordinator is responsible for the completion of internal audits schedule. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at unit level, and benchmarked within the organisation. Quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies and antimicrobial stewardship; complaints and compliments; staffing; and education. Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off. All meetings are combined with Leslie Groves Rest Home.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to the Ngā Paerewa Standard. A document control system is in place. Policies are regularly reviewed by an external contractor and any new policies or changes to policy are communicated to staff. Resident/family satisfaction surveys are annually. The 2023 survey results reflect an overall high level of resident/family satisfaction relating to: the environment; person centred care; cultural safety and privacy; and staff presentation. There were corrective actions required in relation to staff response to call bells and the activities programme calendar. 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>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and quality and senior management meetings, with an HCA undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in June 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. A staff noticeboard keeps staff informed on health and</p>
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		<p>safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering employees the employee assistance programme. All staff completed cultural safety training to ensure a high-quality service is provided for Māori.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available as required. Strategies implemented to reduce the frequency of falls include the use of sensor mats; regular resident checks; comprehensive handovers; and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The clinical manager, unit managers and RNs evaluate interventions for individual residents. Residents are encouraged to attend daily exercises as part of the activities programme. Accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours and skin tears) indicated that the electronic forms are completed in full and are signed off by the clinical manager or quality coordinator. Incident and accident data is collated monthly and analysed by the clinical manager. Any events of concern is discussed, risks are identified and improvements are made. Results are discussed in the quality improvement, RN/clinical and staff meetings.</p> <p>Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT around three pressure injuries (one unstageable, one suspected deep tissue and one stage III) reported in April 2024, and also one RN shortage was reported for the week beginning 24 June 2024, which affected one night shift; the on-call clinical manager and unit managers all live close to the facility and were available if needed. There have been five outbreaks (four Covid-19 and one norovirus) since the previous audit, which were appropriately managed and staff were debriefed.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Leslie Groves Hospital has a documented rationale for determining staffing levels and skill mixes for safe service delivery. In addition to the general manager who works full time, there is a full-time clinical manager who is supported by two unit managers (one in the hospital unit and one in the psychogeriatric unit) and a quality coordinator. The on-call roster is shared between the clinical manager, the two unit managers and the unit manager at their sister facility, Leslie Groves Rest Home.</p> <p>An RN shortage was reported recently, which affected one night shift; the clinical manager and unit managers all live close to the facility and were available if needed. There is a first aid trained staff member on duty 24/7. Cleaning staff are contracted over seven days a week. Staff reported that staffing levels and the skill mix were appropriate and safe. Residents interviewed advised that there is sufficient staffing.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint; handwashing; correct use of PPE; cultural safety; and moving and handling. A record of completion is maintained. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 32 HCAs who work in the dementia and psychogeriatric units. Nine have completed the appropriate qualifications to satisfy the dementia ARHSS D17.11 and psychogeriatric ARRC E4.5.f standards. Twenty-three HCAs are enrolled and are working towards the completion of the qualification.</p> <p>The service is assisting an HCA to become a Careerforce workplace assessor (due for completion at the end July 2024), as they have had real difficulties in dealing with Careerforce in providing the necessary training required. Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Two RNs (including the clinical manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were</p>
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		<p>provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information. Staff wellness is encouraged through participation in health and wellbeing activities.</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 clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<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. Ten staff files reviewed (one clinical manager, one unit manager, one enrolled nurse (EN), one RN, five HCAs and one activity coordinator) 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 on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator and 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. All staff who had been employed for over one year have an annual appraisal completed. 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 HCAs to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-</p>

<p>and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and documented in a timely manner.</p> <p>Signatures that are documented include the name and designation of the service provider. Residents 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to Leslie Groves Hospital are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, psychogeriatric hospital and hospital level care residents were sighted. The general manager, clinical manager and unit managers screen prospective residents prior to admission. The clinical manager has the final decision. A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided. The clinical manager reported that all potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative</p>

		<p>services available.</p> <p>The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented. The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>Nine resident files were reviewed: four hospital, three psychogeriatric, and two dementia level care. All residents were under the aged care contract. An RN is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, monthly updates and three-monthly reviews.</p> <p>Leslie Groves Hospital utilises a range of risk assessments available on the electronic resident management system, alongside the interRAI care plan process. Risk assessments are conducted on admission. The initial care plan is completed within 24 hours of admission. All interRAI assessments and reassessments have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. All residents in the dementia unit (Fernree unit) and the psychogeriatric (Taieri) have a behaviour assessment completed on admission, with associated risks and supports needed. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non-medical requirements. The long-term care plans had detailed interventions to provide guidance for</p>

	<p>staff. The care plans included a 24-hour reflection of close to normal routine for the resident, with interventions to assist HCAs in management of the resident behaviours in Ferntree and Taieri units. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, medication changes, and wounds, and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) and also three-monthly, or when changes occurred earlier as indicated. Evaluations documented the progression towards goals. Written evaluations reviewed and those documented in the resident three-month review identify if the resident goals had been met or unmet.</p> <p>The service contracts a general practitioner (GP) for twice weekly visits and the medical practice is available on call 24/7 for the service. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions, or acute changes to health status. The psychogeriatric and mental health services are readily available as required. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the RNs, care provided and timely communication when there are residents with clinical concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist is available as required. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand - Southern. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a RN and all HCAs to the incoming RN and HCAs on each</p>
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	<p>shift, as confirmed by staff interviewed. Progress notes are written on every shift by the HCAs and the RNs document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the RNs, who then assesses the resident and initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status and this was contently documented in the resident files.</p> <p>There were a total of 27 wounds from 22 residents being actively managed across the service. These included abrasions, grazes, blisters, skin tears and chronic ulcers. There was one pressure injury being managed at Leslie Groves Hospital on the days of audit. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist if required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight and blood glucose levels. Monitoring of food and fluid, turning charts, and toileting regime are entered into progress notes and include details (of position, intake amount etc) and times. All monitoring charts were completed as per care plan. New behaviours are charted on a behaviour monitoring form to identify new triggers and patterns. The behaviour form and progress notes</p>
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		<p>entries described the behaviour and strategies to de-escalate behaviours, including re-direction and activities. Registered nurses collaborate with HCAs to evaluate interventions for individual residents at risk of falling. Neurological observations are completed for unwitnessed falls or falls involving a head injury as per policy and procedure. Opportunities to minimise future risks are identified by the clinical manager, in consultation with unit managers, RNs and HCAs.</p> <p>Leslie Groves Hospital provides equitable opportunities for all residents, systems, and processes available to support Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs, which are documented in the care plan. The cultural assessment supports Kaupapa Māori perspectives to permeate the assessment process. The cultural care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the cultural care plan.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, Rongoā and spiritual assistance when required. Cultural assessments were completed by the RNs and activity coordinators, who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</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 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>	FA	<p>Activities are conducted by a team comprising of two diversional therapists, one activity coordinator, and volunteers who assist with activities, housie and van outings. The team lead diversional therapist works from Monday to Thursday, one activity coordinator works from 9.30am to 4.40pm in Taieri (psychogeriatric level care) Monday to Friday (with HCAs rostered to provide activities on Saturday and Sunday), and the other diversional therapist is rostered full time in Ferntree (dementia level care). The team provide activity trolleys for use in the weekends. The team is advertising for a</p>

		<p>9.30am to 2.30pm position, five days a week, to support each level of care. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments and the section of care plan were completed within three weeks of admission, in consultation with the family/whānau and residents.</p> <p>Each resident had a social and cultural care plan developed detailing the past and present activities, career, and family. Evaluations are completed three-monthly and progress notes four-weekly. A weekly planner is developed, posted on the noticeboards, and residents if they want it are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. Residents and family/whānau meet three-monthly to discuss different issues at the facility and provide feedback relating to activities. The activities team have implemented an annual planning day, where programmes and initiatives for the coming year are planned. Celebratory events planned for 2024 include (but are not limited to): book month; sea week; a cultural week and diversity day; Matariki; NZ fashion week; Alzheimer's awareness day; World heart day; and Grandparents Day.</p> <p>The calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities, including sound therapy; doll therapy activities, pet therapy, exercises, a variety of fun fitness activities, puzzles, quizzes, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents and the activities team in all the units. This included some observed water colour painting in the Redwood unit. The activity programme is formulated by the activities team in consultation with the management team, RNs, EPOAs, residents, and care staff. The activities were varied and appropriate for residents assessed as requiring dementia, psychogeriatric and hospital level of care. The care plans have sufficient interventions recorded to guide staff in the management of behaviour over 24 hours. Activity participating registers were completed daily.</p> <p>The residents were observed participating in a variety of activities on</p>
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		<p>the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz; bingo; floor games; Waitangi Day; Matariki; Māori language week; table games; spin pois; sensory; outdoor walks; van outings; music; pet therapy; entertainment one or two times per month; kapa haka; poi making and exercise; highland groups; visits from schools; and relaxing time with pampering. The service promotes access to EPOA and family/whānau and friends. There are regular weekly outings and drives for all residents (as appropriate). There are residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week.</p> <p>The service is committed to improving the lives of their dementia residents and have purchased a light interactive consul game which interacts with hands and lights. They have also purchased a virtual reality experience which encompasses a 3D headset and allows residents to use immersive technology to interact with familiar locations, such as previous homes, worldwide destinations and animals or pets. Sessions are scheduled at least once weekly. Staff identified occasions where previously non-verbal residents have spoken when immersed in familiar surroundings. EPOA, family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Leslie Groves Hospital has policies available for safe medicine management that meet legislative requirements. The RNs and medication competent HCAs who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided. All medication charts and signing sheets are electronic. On the days of the audit, medication competent HCAs were observed to be safely administering medications. The RNs and HCAs interviewed could describe their roles regarding medication administration. Leslie</p>

		<p>Groves Hospital uses pre-packaged rolls for all regular medicines.</p> <p>All medications once delivered are checked by the RNs against the medication chart. Medication reconciliation was conducted by the RN when a resident is transferred back to the service from the hospital or any external appointments. The RN checked medicines against the prescription, and these were updated in the electronic medication management system by the GP. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the three medication areas. The medication fridges and medication room temperatures are consistently monitored daily. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. Eighteen medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified.</p> <p>Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. At the time of audit, there were no residents self-administering medications. The medication policy describes the procedure for self-medicating residents, and this can be implemented as required. The service does not keep any vaccines on site. Standing orders are not used at Leslie Groves Hospital.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support 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>The kitchen service is outsourced to an external catering company and complies with current food safety legislation and guidelines. The kitchen manager is a qualified chef (interviewed), has oversight of the kitchen and undertakes cooking responsibilities. They are supported by another chef who assists with sandwiches and cakes. A second chef works three days a week and provide relief as required and six kitchen hands (day and night) are employed. All food and baking is prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan is current until 30 April 2025. There is a four-week seasonal menu which was last reviewed by a registered dietitian on 20 March 2024. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for all residents throughout the day and overnight when required. The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least monthly.</p> <p>Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Meals for residents is plated in the kitchen and delivered in hotboxes to each area and served to the residents by care staff. All food was stored in original containers with batch and expiry dates clearly visible. There was no decanted food. The kitchen manager advised that they attend resident meetings with specific conversations about food. The kitchen manager also visits individual residents whenever requested. Family/whānau and residents interviewed indicated satisfaction with the food service. The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that can be prepared that are culturally specific to te ao Māori,</p>
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		<p>including hāngi for special occasions such as Matariki, Māori language week or Waitangi and these are offered to residents. Family/whānau can also bring culturally appropriate food for the residents when they visit.</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>There were documented policies and procedures to ensure the discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected transfers from services. The clinical manager reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the RNs who manage the process until discharge. All discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required. The residents (if appropriate) and families/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services –whaikaha/disability services, social support or Kaupapa Māori agencies, where indicated or requested.</p> <p>Transfer documents include (but not limited to) a transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; and the last GP review records. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent medical service, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and specialists at the local hospital were sighted in the files reviewed. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical manager advised a comprehensive handover occurs between services.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 16 March 2025. The physical environment supports the independence of the residents. Corridors are wide enough to promote safe mobility, with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The monthly planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The calibration of clinical equipment is checked annually, with last check completed July 2023, and scheduled again for as soon as possible in August 2024. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Tradespeople are available as required, with a full list of contracted ones available for staff. The facility is maintained at appropriate temperatures, with radiators fuelled from two recently installed wood chop boilers, with additional air conditioning units in communal areas. The facility was maintained at a comfortable temperature on the days of the audit.</p> <p>The service is on single level with three wings: Redwood hospital unit consisting of 31 beds, Taieri secure psychogeriatric unit with 27 beds, and Ferntree secure dementia unit with 17 beds. All rooms are single occupancy. The Taieri wing includes four rooms with shared ensuites. All other rooms have individual ensuites. There are sufficient communal toilets and showers. Each unit has a dining room, lounge spaces, and access to courtyard. There is a hairdressing salon for the visiting hairdresser to use.</p> <p>The secure units (Ferntree and Taieri) have access to gardens and grounds, with a secure perimeter to ensure a safe environment for the residents. Entry into the secure units is by key sensors. Ferntree unit has a centrally located open plan lounge/dining room. There is safe access to the communal area which is spacious and allows for groups or individual activities. There is access to the secure garden and grounds through doors that allow for purposeful walking onto the walking pathways, seating, and shade. Taieri has been recently</p>
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		<p>extended to provide two additional lounge areas and offers access to four secure garden areas. The courtyards have raised gardens and there is safe access to the outdoors. Seating and shade is available.</p> <p>All residents' rooms are spacious, and each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. All rooms have external windows to provide natural light and have appropriate ventilation and heating. All external areas are well maintained, provide seating and shade, and are easily accessible for residents using mobility aids. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the general manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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>Emergency management policies include a pandemic plan. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service; letter dated 8 November 2023. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last fire drill having been completed on 27 February 2024.</p> <p>There are emergency management plans to ensure health, civil defence and other emergencies are included. In the event of a power outage, there is a large generator on site that provides instant power. There are sufficient supplies of food stored in the kitchen. There are adequate supplies in the event of a civil defence emergency, sufficient water supply, including a 2,000 litre water tank, and 3 litres of bottled water in each of the residents rooms. Information around</p>

		<p>emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training.</p> <p>Staff interviewed confirmed their awareness of the emergency procedures. There is always a staff member on duty with a current first aid/CPR certificate. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There is a display monitor centrally located in the hallway by the lounge that alerts staff to where the call bell is coming from. During the audit, residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Entry into the dementia and psychogeriatric units is by either keypad or security tag. The doors are set to automatically release in case of fire.</p> <p>The building is secured after hours. Staff complete regular security and safety checks overnight. Closed circuit television (CCTV) cameras are installed at the main and back entrances, car park, hallways, basement and outside parameters. Visitors and contractors are instructed to sign in and complete visiting protocols.</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. 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 oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and 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. Data around infections is also reviewed by the management team and benchmarked internally.</p> <p>Infection prevention and control is part of the strategic and quality plans. The Board receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak</p>

		<p>data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis, including any significant infection events. The service also has access to an infection prevention clinical nurse specialist from Health New Zealand – Southern and the GP. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. The infection prevention and control coordinator has completed education, including online, attendance at conferences and workshops, 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 – Southern infection control nurse specialist. There are sufficient quantities of PPE equipment available as required. 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.</p> <p>Policies and procedures are reviewed by the management team and all policies are available to staff. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring 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 and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and</p>

		<p>education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, phone calls, newsletters, and emails. Posters regarding good infection control practice were displayed in English, te reo Māori, and are available in other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection prevention and control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE) and wound care products in collaboration with the general manager. The management team and infection control coordinator would liaise with their community iwi links 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 an anti-microbial use policy and procedures. The infection prevention and control coordinator (clinical manager) 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 combined clinical/quality meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Leslie Groves Hospital infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection.</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>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.</p> <p>Infection control surveillance is discussed at staff/ quality, and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection prevention and control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand - Southern for any community concerns.</p> <p>There have been five outbreaks (four Covid-19 and one norovirus) since the last audit. The facility followed their pandemic plan for each outbreak. There were clear communication pathways with responsibilities that included daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, and families/whānau were kept informed by phone or email. Visiting was restricted. Post outbreak meetings were held with staff to identify opportunities for improvement.</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 and accessible. Sharps containers are available and meet the hazardous substances regulations for containers. The housekeeping service is contracted to an external provider and staff are rostered every day in each area. 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.</p> <p>The external contractor housekeeping manager (interviewed)</p>

		<p>monitors the effectiveness of chemicals. All laundry is managed on site by dedicated laundry staff. 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. There is appropriate sluice and sanitiser equipment available, and the cleaner interviewed was knowledgeable around systems and processes related to hygiene, and infection prevention and control. The internal audit schedule includes the environment, cleaning and laundry services. The results are reviewed by the infection prevention and control coordinator and any corrective actions identified are implemented.</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 governance body receives restraint data monthly and is committed to support the leadership team to eliminate restraint across Leslie Groves facilities. There were no residents using restraint at Leslie Groves Hospital. Any restraint use is discussed in the quality improvement, RN/clinical and staff meetings. The 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. The restraint coordinator interviewed described the focus on restraint elimination. When restraint is considered, the restraint coordinator works in partnership with the resident and family/whānau to promote and ensure services are mana enhancing. Restraint minimisation is included as part of the mandatory training plan, orientation programme and Dementia Friendly programme. Staff have received training in behaviour management.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Leslie Groves Hospital is proactive in developing and implementing quality initiatives to improve the lives of residents with dementia. Management agreed on a project which included the following;</p> <ol style="list-style-type: none"> 1. Expansion of the psychogeriatric unit to add four rooms and lounge and recreational areas with state of art initiatives, including furnishings, equipment including a light interactive consul game which interacts with hands and lights. They have also purchased a virtual reality experience which encompasses a 3D headset and allows residents to use immersive technology to interact with their surroundings. 2. Increasing dementia awareness and knowledge of all staff. 3. Improving resident welfare and safety by developing staff awareness and confidence. 	<p>A quality improvement plan (QIP) was developed and led by the clinical manager with the support of Alzheimer's NZ. As part of this project, Leslie Groves Hospital and Rest Home achieved five standards of the Dementia Friendly Recognition Award in June 2024. They are continuing to work on obtaining an additional two standards and accreditation.</p> <p>The focus of improving the understanding of staff included providing dementia friends orientation induction, 'walking in their shoes' from Health New Zealand and the introduction of Educational Dementia Immersive Experience (EDIE). Educational Dementia Immersive Experience training is supported by Alzheimer's NZ and uses state of art virtual reality technology that allows users to see the world through the eyes of a person living with dementia. Leslie Goves Hospital arranged workshops with plans for all staff, including</p>

		<p>4. Obtaining an award of accreditation of Dementia Friendly facility.</p> <p>Goals have been achieved with improved satisfaction expressed by family/whānau in the 2023 satisfaction survey results.</p>	<p>administration, activities, and care staff to attend.</p> <p>Fifty percent of staff have completed the training and a group of seven of these staff were interviewed. Staff were asked what they had learnt from this and what changes they have implemented as a result of the training. All staff were very positive and rated the training very highly with some saying, “it was the most effective training they had ever participated in”. Staff commented on an increased understanding of how the environment of people with dementia affects their wellbeing, why behaviours are often based on the resident’s perception of the environment, and described situations where changes have been made resulting in improvement to the residents enjoyment and quality of life.</p> <p>A sample of changes made include understanding the perception of flooring surfaces and described moving dark mats (which are often perceived as deep holes by dementia residents), removing furnishings such as bins and toilet brushes from toilets, choosing non-slip, colours and uncomplicated patterns that identified safe surfaces. A feedback form was given to staff after the training, collated and analysed by the clinical manager. Results from 33 participants rated the course as either a 9 or 10 with comments of extremely informative, engaging, thought provoking and providing an increased understanding of dementia. This in addition to Dementia Friendly training has also contributed to improved satisfaction, as evidenced in the 2023 satisfaction survey results.</p>
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End of the report.