

# J & R Manuel Limited - Phoenix House Resthome and Hospital

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## 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:

<b>Legal entity:</b>	J & R Manuel Limited
<b>Premises audited:</b>	Phoenix House Resthome and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 11 July 2024    End date: 12 July 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	20



# Executive summary of the audit

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## Introduction

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

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

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Phoenix House Rest Home and Hospital (Phoenix House) provides rest home, and hospital (medical and geriatric) levels of care for up to 30 residents. There were 20 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the Health New Zealand Te Whatu Ora - Waikato. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, and staff. The general practitioner was unavailable for interview at the time of audit.

The clinical nurse manager is appropriately qualified and experienced and is supported by an operations manager, and personal assistant. There are quality systems and processes being implemented. Feedback from residents and families 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 a shortfall related to registered nurse staffing.

## 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 are fully attained.

A comprehensive Māori health plan and a Pacific health plan are in place for the organisation. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service supports the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The management are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau and displayed on notice boards throughout the care home.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Low level resolution of complaints is actively practised in line with the guidelines established by the Health and Disability Commissioner.

## 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.		Some subsections applicable to this service are partially attained and of low risk.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions where appropriate.

There is a documented quality and risk management programme including management of complaints, internal audits, regular satisfaction surveys, incident and accident reporting, review of infections, and review and regular monitoring of health and safety risks, including hazard identification. Quality data is discussed at quality and staff meetings.

Human resource policies are in place and managed in accordance with good employment practice. A roster provides appropriate care staff for the effective delivery of care with a strong emphasis on recreational therapy and support. The service has had difficulty obtaining sufficient registered nurses to always maintain an RN on duty as is required for hospital level residents.

There is a documented orientation programme for new staff 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 are fully attained.
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On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks following the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated.

Activities are planned 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 activity programme in place.

There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer 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 when required.

Residents are referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaru | 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 are fully attained.
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Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are available in each wing. Residents are supported to individualise their rooms, and this was evident throughout the care home. Each care room is adequate to allow residents to move around, well lit, has external windows and adequate heating. There are lounges and dining rooms in both the hospital and rest home wings. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade.

The building is fit for purpose, has a current warrant of fitness, and an approved fire evacuation plan. Six monthly fire drills are completed. Staff secure the building after hours.

There is a maintenance folder for repairs and maintenance requests which is checked daily, and repairs signed off when completed. External contractors/ tradespeople are available 24 hours a day as required. Regular monthly checks of plant, fixtures, fittings, and equipment is undertaken, and a planned annual preventative maintenance schedule is being finalised.

All electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. An audit of all equipment has been scheduled in line with the planned preventative maintenance schedule. Hot water temperatures are checked regularly.

Cleaning and laundry services are monitored through the internal auditing system.



Appropriate training, information, and equipment for responding to emergencies is provided. Documented systems are in place for essential, civil defence, emergency, and security services. The local police station is situated next door and available to respond to emergencies as required.

There is an emergency management plan and emergency supplies available for at least three days.

## **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 are fully attained.
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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 control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak (Covid-19) 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 are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has a resident currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. A restraint register is maintained, and restraints are reviewed on a regular basis.

## 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	28	0	1	0	0	0
Criteria	0	175	0	1	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 comprehensive Māori Health Plan is documented for the service. This acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand and describes Māori perspectives of health and commitment to the Treaty of Waitangi in the business plan.</p> <p>The service currently has residents who identify as Māori. 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 health plan and tikanga guidelines.</p> <p>The recruitment policy includes provision of an equitable recruitment process. Ten staff members interviewed; two caregivers, one registered nurse (RN), one enrolled nurse (EN), one cook, one laundry staff, one cleaner, one personal assistant, and two recreational therapists interviewed confirmed that the service supports a Māori workforce through this process. At the time of audit there were significant numbers of staff identifying as Māori.</p> <p>As part of staff training, Phoenix House incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. They believe that it is important to share the things that make Coromandel, Manaia, Harataunga and Hauraki</p>

		<p>unique by using Te Reo Māori specific to their rohe to illuminate the connection between language, customs, and culture. Education focuses on the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in their 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 extensive links with local iwi through current staff members, with kai korero and kaumatua being available to support the organisation’s cultural journey.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Staff interviewed were able to describe 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>Phoenix House 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 Pacific Health plan documented. This was developed with support from the nearest Pasifika provider in Hamilton “K’aute Pasifika” and implemented by the service. At the time of the audit, there was one staff member who identified as Pasifika.</p> <p>On the day of audit there were no Pasifika residents living at Phoenix House. Ethnicity information and Pacific people’s cultural beliefs and practices are identified during the admission process and entered in the residents’ files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family 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 facility manager confirmed how they encourage and support any staff that identify as</p>

		<p>Pasifika beginning during the employment process.</p> <p>Interviews with staff members, four rest home residents, one hospital resident, and three relatives (two rest home, and one hospital) identified that the service puts people using the services, family/whānau, and the Coromandel community at the heart of their services. The service can consult with Pacific Island staff, industry advisors who identify as Pasifika and K'aute Pasifika to access community links and continue to provide equitable employment opportunities for the Pasifika community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in each wing of the care home. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager (facility manager) or registered nurse discusses aspects of the Code with residents and their whānau on admission.</p> <p>All residents and whānau interviewed reported that 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.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they were offered choices 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.</p> <p>The service's annual training plan demonstrates training that is responsive to the needs of people across the service. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. There was a demonstrated commitment to meaningful resident interaction and recreational activity and multiple examples were demonstrated throughout the audit. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement (where appropriate) and is integrated into the residents' care plans.</p> <p>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 can speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki, Mahuru Māori and Māori language week. There is active engagement with the local kura, and mokopuna in the community perform for the residents two or three times a year.</p> <p>Satisfaction surveys completed confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>Phoenix House policy on abuse and neglect recognises the vulnerability of residents receiving care and upholds their right to receive care, free from abuse. All staff are responsible for creating a positive, inclusive, and safe working environment.</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>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. Care staff interviewed confirmed an understanding of holistic care for all residents and an ability to recognise signs of abuse and describe the appropriate steps to take to prevent it.</p> <p>Staff complete education during orientation and annually in line with the training plan on how to identify abuse and neglect. They are educated on how to value the older person, showing them respect and dignity. Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, are protected from abuse and neglect, and their property is respected. All residents and whanau interviewed confirmed that staff are caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions and are covered as part of orientation and in policy. All staff members interviewed confirmed their understanding of abuse, and neglect, 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>Phoenix House has a suite of policies that support open communication and the rights of residents to receive full information in a manner and form they understand. There is an emphasis on the principle that residents and their families/whānau have a right to know what has happened to them and to be fully informed. The care staff interviewed understood about open disclosure and providing appropriate information and resource material when required. Information is also provided to residents and whānau on admission. Six-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Family/whānau document the circumstances and timeframes in which they wish to be contacted, specifically around changes in health</p>



		<p>condition or an adverse event. The twelve accident/incident forms reviewed reflected documented evidence of this, in line with resident wishes. Families/whānau interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. A family/whānau communication sheet is held in the front of the residents' files.</p> <p>The service communicates with other agencies that are involved with the resident such as Health New Zealand specialist services (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, and speech language therapist). The delivery of care includes a multidisciplinary team, and residents/relatives provide consent and are communicated with regarding services involved. The clinical nurse manager described and implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>An interpreter service is available and accessible if required, through Health New Zealand Te Whatu Ora - Waikato. Families/whānau and staff are utilised in the first instance.</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 is an informed consent policy. This policy and informed consent processes are discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consents had been signed by residents or their enduring power of attorney (EPOA) for procedures such as influenza vaccines, Covid vaccines and other clinical procedures. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain consent for entering rooms and before providing personal care.</p> <p>The admission agreements sighted were appropriately signed by the resident or EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation</p>

		<p>is filed in the residents' files and is activated, as applicable, for residents assessed as incompetent to make an informed decision. Where an EPOA had been activated a medical certificate for incapacity was on file.</p> <p>A resuscitation policy is in place (which covers advance directives). Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, where appropriate, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand advance directives, know who is for resuscitation and understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code of Rights including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The RNs and the clinical nurse manager have a good understanding of the organisational process to ensure Māori residents involve the family/whānau for collective decision making where appropriate. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable, and information is provided to all residents and family/whānau on entry to the service. The service maintains a complaints file containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the Health and Disability Commissioner (HDC) and the organisation's own policy and procedures.</p> <p>There have been no complaints since the previous audit. There is an embedded process of acknowledgement and investigation available should any complaints be received.</p>

		<p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the care home. Residents and family/whanau interviewed confirmed that they felt comfortable to raise issues with management at any time, and any issues raised were addressed and resolved quickly.</p> <p>Residents have a variety of avenues they can choose to make a complaint or express a concern and are encouraged to involve an independent support person in the process if they choose. 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>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff, clinical and quality meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</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>	FA	<p>Phoenix House is a family owned and operated service, located in the township of Coromandel. Both the owner/director and the facility manager/clinical nurse manager are registered nurses with current annual practicing certificates. The facility manager/ clinical nurse manager is a registered nurse (RN) with 30 years of nursing experience in community and hospital settings.</p> <p>The owners of Phoenix House identify as Māori and have significant knowledge, skills, and linkages with Māori at a national level, provide Māori leadership at the Ministry of Health and at a local level have linkages with Manaia Marae, Te Paea Marae and Harataunga Marae. They meet weekly with their clinical nurse manager and operations manager and play an active part in ensuring operational policies reflect their commitment to Te Tiriti o Waitangi.</p> <p>The service is currently in transition to a new model where the new clinical nurse manager (with registered nurse support) (responsible for clinical care) and an operations manager (responsibility for the building and infrastructure) will jointly manage the care home with</p>

		<p>support from the owner/director. The new clinical nurse manager was also on site and orientating into her role. Both the facility manager and the operations manager have completed at least eight hours of specific management training relevant to their roles and responsibilities.</p> <p>The care home provides care for up to 30 residents at rest home and hospital (medical and geriatric) levels of care. There were 20 residents on the day of audit - 12 rest home residents and eight residents at hospital level (including one funded by ACC). All other residents were admitted under the age-related residential care contract (ARRC).</p> <p>An annual business plan is in place that includes specific goals for the service that are regularly reviewed and updated as appropriate. Phoenix House has a strong Te Tiriti o Waitangi approach to service delivery and base their business philosophy on the three principles of participation, protection, and partnership. Business goals have been documented for 2024 with the previous 2023 business plan reviewed prior to the current plan being developed.</p> <p>The current management team meet weekly with one of the owners/directors who is very involved in the service. The owner interviewed confirmed the business plan and the importance of collaboration with Māori and alignment with the Ministry of Health strategies to address barriers to equitable service delivery. The owner provides strong leadership on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Phoenix House are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community.</p> <p>Clinical governance is provided by the clinical nurse manager and GP.</p> <p>The quality programme includes quality goals (including specific business goals) that are reviewed monthly in meetings.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>Phoenix House has established quality and risk management programmes. There is an overriding commitment to providing high quality care and support in a culturally appropriate and meaningful</p>

<p>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>way with an authentic local community focus in line with business goals.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the service is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and any new policies or changes to policy are communicated to staff.</p> <p>Regular management meetings, monthly clinical, and staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions developed where indicated to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Quality data and trends in data are posted, and accessible to staff in the nurses' station. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided.</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 management meetings, with the personal assistant acting as the health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register is kept (sighted). Health and safety policies are implemented and monitored by the health and safety officer.</p> <p>A staff noticeboard keeps staff informed on health and 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. Well-being programmes include offering employee's individual assistance as required.</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>PA Low</p>	<p>There are human resource management policies in place, managed in accordance with good employment practice. Staff are engaged and confirmed they are supported in their work. Relevant checks are completed to validate the staff member's individual qualifications, skills, and experience, evidenced in six staff files randomly selected for review (lead administrator/caregiver, one registered nurse, one enrolled nurse, one caregiver/cleaner, recreational therapist, and a cook).</p> <p>Copies of practising certificates are kept on file. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. Evidence of completed induction checklists was sighted in staff files. Annual staff appraisals were up to date.</p> <p>An in-service education and training programme is being implemented. This includes cultural awareness training. Competencies for staff are also completed with this system currently under review. Regular in-service education is provided by a range of in-house and external speakers including (but not limited to) nurse specialists, Aged Concern and the Health and Disability Advocacy Service. The service has also introduced access to an aged care on-line learning programme. Caregivers are encouraged and supported to obtain a New Zealand Qualifications Authority (NZQA) qualification. The service currently employs five Level 2 caregivers, three Level 3 caregivers and one Level 4 caregiver. There are several caregivers currently enrolled in NZQA training.</p> <p>Additional RN specific competencies include medication and interRAI assessment competency. There are two RNs (including the clinical nurse manager) who are interRAI trained.</p> <p>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 provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Six staff files reviewed ((lead administrator/caregiver, one registered nurse, one enrolled nurse, one caregiver/cleaner, recreational therapist, and cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>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</p>



		<p>positive behaviours and values, responsibilities, and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>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 programmes support RNs and caregivers to provide a culturally safe environment to Māori.</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.</p> <p>Information about staff is kept safe and confidential and ethnicity data is collected, recorded and used in accordance with the Health Information Standards Organisation (HISO) requirements. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Health care and support staff are well supported by the clinical nurse manager and have the opportunity to debrief and discuss incidents to ensure their wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked storage facility located on the premises.</p> <p>Ethnicity data is collected. 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,</p>	FA	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for</p>

<p>timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission policy requires the collection of information that includes but is not limited to; ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and families and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The management team described relationships with identified Māori service provider groups within the community</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files reviewed: three at rest home level care; and two hospital level residents, including one funded by ACC. Initial care plans are developed with the residents / EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and are completed within three weeks of the residents' admission to the facility. The ACC resident did not have an interRAI</p>

		<p>assessment completed; however, a comprehensive suite of assessments including falls, pain, dietary, mobility, and pressure area risk had been completed. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurse, and enrolled nurse interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within five days following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GPs visit the facility at least twice weekly. Documentation and records reviewed were current. The GP was unavailable for interview at the time of audit. The facility has access to an after-hours service by the GP. A physiotherapist visits the facility as required and reviews residents referred by the clinical nurse manager or RNs.</p> <p>Contact details for family are recorded in the resident files. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There are four residents with wounds: skin tears, a lesion, and cellulitis. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls as per policy requirements.</p>
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<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>	<p>FA</p>	<p>The residents' activities programme is implemented by the recreational therapist. Activities for the residents in the are provided Monday to Friday, with caregivers having access to table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies are available for residents. The activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from staff occur regularly. An outing is organised weekly and regular visits from community visitors occur. Multi-denominational church services are available.</p> <p>The recreation therapist integrates te reo Māori in the daily programme with the use of phrases and everyday words as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. A school kapa haka group has entertained the residents, and family/whānau participation in the programme is encouraged.</p>

		<p>The residents' activities assessments are completed by the recreational therapist in conjunction with the RN on admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>Family and residents interviewed reported high levels of 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>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using a paper-based system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and documentation regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in</p>

		<p>staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit; however, there are processes in place to assess residents as being safe to do so should this be required. No vaccines are stored on site, and no standing orders are used.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with the RN and EN confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining room (directly from the adjacent kitchen), or in the residents’ rooms if requested. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. A dietitian has developed the seasonal menu, and there is a current food control plan in place. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to</p>

		<p>be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The lead cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the lead cook was familiar with the concepts of tapu and noa. They discussed occasions where the service has provided culturally appropriate meal services including a recent boil up.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p>
<p><b>Subsection 3.6: Transition, transfer, and discharge</b></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 is a resident transfer/discharge policy. Transition, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical nurse manager, RN, EN, and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</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 holds a current warrant of fitness (expires 27 June 2025).</p> <p>The operations manager is responsible for the building and infrastructure and oversees the preventative maintenance function with support from the personal assistant. The operations manager will call in maintenance and essential contractors/tradespeople as required. The gardening service is contracted out to Coromandel Garden Centre. The visual inspection of indoors and outdoors evidence all is well maintained. The building and décor is reflective of peoples' cultures and supports cultural practices.</p> <p>Reactive maintenance is managed through a maintenance folder which is located at the nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical equipment testing and tagging, calibration of medical equipment and weekly testing of hot water temperatures in resident areas (which were all within acceptable range). Maintenance and calibration of equipment is currently underway with equipment checking completed in June 2024. A full equipment audit is also scheduled and due to take place in July 2024.</p> <p>The care home is built on a single level with 30 rest home and hospital beds across four wings. 29 rooms are single occupancy rooms with shared toilet/shower facilities and one room is designated a double room (designed for married couples). There are two spacious living and dining rooms – one in the rest home and one in the hospital – able to accommodate the residents and mobility equipment. There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities may sit. The dining areas are homely, inviting, and appropriate for the needs of the residents. One lounge opens out onto a courtyard/garden area. There are extensive grounds which are easily accessible to residents. All outdoor areas have some seating and shade.</p> <p>Flooring is safe and appropriate for residential care. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required. All resident rooms share communal showers and toilets. There are privacy signs on all shower/toilet doors.</p>
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<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>	<p>FA</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service.</p> <p>A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 1st July 1994. A fire evacuation drill is undertaken six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place on 29th February 2024. The orientation programme and mandatory education and training programme includes fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked by an external contractor.</p> <p>Call bells are in resident rooms and communal areas (including toilets, showers), which are audible and ring in the main kitchen. In the hospital, there are also visual displays outside each room to identify</p>

		<p>the room requiring assistance. Residents were observed in their rooms with their call bell alarms in close proximity.</p> <p>There are adequate supplies available in the event of a civil defence emergency including food, water, and blankets. Gas is available in the kitchen and a gas barbeque is accessible from the local community if required. The service has their own generator which is checked monthly.</p> <p>There are staff available with a current first aid/CPR certificate on each shift and annual First Aid group training is scheduled for July 2024.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally. Doors leading to the outside are alarmed at night. Visitors and contractors sign in at entry to the building. Staff are easily identifiable.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The enrolled nurse oversees infection control and prevention across the service (with oversight by the clinical nurse manager). The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at staff, clinical and quality meetings. Infection control data is also reviewed by the management team and benchmarked internally.</p> <p>Infection control is part of the strategic and quality plans. The directors receive monthly reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand Te Whatu Ora – Waikato, and the</p>

		<p>general practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered vaccinations as appropriate.</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.</p> <p>The infection control coordinator has completed online education, external study days, and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, external consultant, and Health New Zealand– Waikato infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies available to staff.</p> <p>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 control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education 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</p>

		<p>equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise 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 control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the clinical nurse 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 anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff, clinical and 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 surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Phoenix House infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends internally. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p>

<p>an equity focus.</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 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 - Waikato for any community concerns. There has been one outbreak (Covid-19) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families were kept informed by phone or email. Visiting was restricted.</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 secure, and the cleaning trolleys are kept in a locked cupboard when not in use. Safety data sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Resident's personal laundry and linen is managed onsite. 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 staff interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.</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 facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an enrolled nurse (with oversight from the clinical nurse manager). There is one hospital level care resident listed on the restraint register as using bedrail restraint to provide safety, minimise risk of injury and assistance with bed mobility.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings and to the directors. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff receive education on restraint at orientation and annually.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The file of the one hospital level care resident listed as using bedrail restraint was reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g., falls prevention strategies, managing behaviours). The resident was using restraint as a last resort after all other options have been explored. Written consent was obtained from their EPOA. The use of restraint is approved by the GP and reviewed three monthly. No emergency restraints have been required.; however, the use of emergency restraint is included in the restraint policy.</p> <p>Monitoring forms are completed for the resident using restraint and have been completed as scheduled. The bedrail restraint is scheduled to be monitored two hourly or more frequently should the risk</p>

		<p>assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. No accidents or incidents have occurred because of this restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place monthly by the restraint coordinator.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed in meetings and is reported to the directors. The restraint coordinator meets staff monthly and includes a review of restraint use, restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review process. Restraint data including any incidents are reported as part of the restraint coordinator reporting to the clinical nurse manager. The restraint coordinator described how learnings and changes to care plans would be applied from the analysis of the restraint data.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	The service has been unable to provide a registered nurse on site for three shifts per week for hospital level care residents at times, as per the ARRC requirement. It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior caregiver acting as night shift duty lead on site and having comprehensive on-call cover.	The service does not have enough registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>



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

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

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

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

No data to display
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End of the report.