

St Clair Park Residential Centre Limited - St Clair Park Residential Centre

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:	St Clair Park Residential Centre Limited
Premises audited:	St Clair Park Residential Centre
Services audited:	Rest home care (excluding dementia care); Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 11 July 2024 End date: 12 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:	33



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

St Clair Park Residential Centre (referred to as St Clair Park) provides rest home, dementia, and residential disability (psychiatric) level care for up to 41 residents. On the day of audit there were 33 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand Te Whatu Ora Southern. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, whānau/family, staff, nurse practitioner, general practitioner and management.

The facility manager is supported by a registered nurse, administrator, the director/owner, and experienced care staff. Interviews with residents, whānau/family, the nurse practitioner and general practitioner were all positive and complimented the facility manager and staff for providing a resident-centred service for the community.

This certification audit identified shortfalls around; the recording of meeting minutes; the implementation of the risk management plan; resident and whanau/family surveys; laundry management; and staff training.

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.

St Clair Park provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents are provided with information they need on entry to the service, and this is regularly updated with input from residents, whānau/family and other staff during house meetings. Resident and whānau/family information packs include specific information such as the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and advocacy services.

Residents receive services in a manner that considers their dignity, privacy, and independence. St Clair Park 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 whānau/family.

There is evidence that residents and whānau/family are kept informed. The rights of the resident and/or their whānau/family to make a complaint is understood, respected, and upheld by the service. Complaint 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.		Some subsections applicable to this service partially attained and of low risk.
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The service has a director/owner who works in tandem with the facility manager to ensure services are planned, coordinated, and are appropriate to the needs of the residents. The business plan includes a mission statement and operational objectives.

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau/family provide regular feedback and staff are involved in quality activities. The collection and analysis of quality improvement data identifies trends and leads to improvements. Actual and potential risks are not fully identified or recorded.

The facility is managed by a facility manager, with the support of a registered nurse, care staff and non-clinical personnel. Staff recruitment processes adhere to the implemented policies and processes in accordance with good employment practice and required legislation. All new staff complete generic orientation programme to familiarise themselves with organisation and an individualised programme in line with their specific role. There were sufficient staff rostered across all three wings to meet the cultural and clinical care needs of the residents.

Resident and whānau/family participation processes are in place. Resident and whānau/family satisfaction surveys are documented. Whānau/families said they are involved and supports for whānau/families 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.

The facility manager and registered nurse are responsible for the assessment, development, and evaluation of care plans. Interventions were appropriate and evaluated in the care plans reviewed.

An activities plan is documented for each unit. Links with the community are encouraged where appropriate and van outings are arranged on a regular basis.

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

Meals are prepared by an external contractor and delivered to the facility. Residents' cultural and nutritional requirements are met. Nutritious snacks are available 24 hours a day. Special diets are catered for on a case-by-case basis.

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.

The building holds a warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised.

Documented systems are in place for essential, emergency and security of services. There is always a staff member on duty with a current first aid certificate.

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.		Some subsections applicable to this service partially attained and of low risk.
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Infection prevention and control management systems are documented with the aim of minimising the risk of infection to residents, staff and visitors. Staff provide information and resources to inform residents around management of infections. The training plan includes infection prevention and control education for staff.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There has been a Covid-19 outbreak since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning services are in place.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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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 the facility manager. The facility has no residents currently using restraints. Use of restraints is considered as a last resort, only after all other options were explored.

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	23	0	4	0	0	0
Criteria	0	172	0	5	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 plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Te Whare Tapa Wha health model is incorporated into all cares for both Māori and other residents alike. The goals being implemented are to co-design health services using a collaborative and partnership model with Māori and Pacific. The service currently has residents who identify as Māori. The service is actively working on reducing inequities for Māori by supporting residents and staff to quit smoking. The service is also encouraging Māori to apply for work at the service.</p> <p>Six residents (four under a mental health contract, one Long Term Supports - Chronic Health Condition [LTS-CHC], one aged care) interviewed and five whānau/family (three with a whānau/family member in the dementia unit and two with whānau/family in the rest home) interviewed said they are involved in providing input into the resident's care planning, their activities, and their dietary needs. Three care staff (one from each ward) and one registered nurse (RN) interviewed described how care is based on the resident's individual values, beliefs and what is important to them. Other staff interviewed included the facility manager, one maintenance person, one health and safety representative, one general practitioner and one nurse</p>

		<p>practitioner. Residents interviewed who identify as Māori confirmed their cultural preferences and beliefs were acknowledged and accommodated.</p> <p>The service has a Māori health advisor and is connected with Te Roopu Tautoko Ki Te Tinga Incorporated. The Māori health advisor supports the service, residents and whānau/family. There are guidelines in place regarding things tapu, such as birth, death, sickness and cultural taboos, with examples identified (eg, sitting on tables and passing food over the head). Interpreters are available through staff, whānau/family, iwi, hapu and Health New Zealand Te Whatu Ora - Southland as appropriate.</p> <p>MHA: The service has a Māori health plan and policy which reflects that Māori health is a specifically identified health gain priority.</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>All residents state their ethnicity at admission. Staff and management advised that when a Pacific resident is admitted to the service, then whānau/family are encouraged to be present during the admission process, with support provided to complete the initial care plan. At the time of the audit there were no residents that identified as Pasifika. Individual cultural beliefs are documented in their care plan for all residents.</p> <p>The service has a Pacific health plan. There is a Pacific People's Culture and General Ethnicity Awareness Policy which also references Ola Manuia Pacific Health and Wellbeing Action Plan 2020 -2025. The service has links with Health New Zealand Southern and the Church of Samoa. The service has and continues to develop working relationships with local Pacific communities and organisations to support the service with planning, support, research and evaluation to improve the health and wellbeing of Pacific residents.</p> <p>Interviews with staff and documentation reviewed identified that the service puts people using the services, whānau/family, and communities at the heart of the service. The resident files identified residents' specific cultural needs.</p> <p>There are staff who identify as Pacific peoples. The service has a</p>

		<p>policy around equal opportunity and the facility manager stated that they encourage Pacific people to apply for positions relevant to their skills and experience in accordance with the services policies. Staff have completed training around meeting the needs of Pacific people.</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>	FA	<p>St Clair Park delivers a service that is focused on the health, wellbeing and cultural needs of its residents. Staff can describe residents' rights as per the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Copies of the Code are given to all new residents and whānau/family.</p> <p>The Code is displayed in poster form in English and Māori in communal areas. Interviews with residents and family/whānau confirmed they understand the Code and know about their rights. Access to interpreters is available if required. The Nationwide Health and Disability Advocacy Service pamphlets are contained in the information provided and are accessible.</p> <p>Interviews with residents and whānau/family, and observations demonstrated they are provided with adequate information and that communication is open. The service encourages and supports Māori residents in their self-determination and independence, as identified during assessments documented in each resident file reviewed.</p> <p>Staff receive education in relation to the Code at orientation and through the annual training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>Residents and whānau/family interviewed stated that staff treat them with respect, dignity and support them. Staff call residents by their preferred names. All staff knock on residents' doors before entering, and they speak to residents in a tone and manner that is respectful, as observed during the audit. Residents and whānau/family interviewed reported that during the assessment and planning processes, they have opportunities to share what is important to them.</p>

		<p>Cultural identity is a major platform for enhancing the wellbeing of residents. This included names always being pronounced correctly, and identity is supported by te reo Māori and tikanga practices which are promoted throughout the organisation and incorporated into activities. Residents have control and choice over activities they participate in.</p> <p>Satisfaction surveys were last completed in 2023 - 2024. The survey confirmed that residents and whānau/family are treated with respect. This was also confirmed during interviews with residents and whānau/family (link 2.3.9).</p> <p>Residents and family/whānau said their personal privacy and the privacy of their information and belongings are respected. Residents and whānau/family stated that staff talk with them in a private space. Visitors and residents confirmed that they can access areas for private conversations.</p> <p>The service actively encourages and supports te reo Māori and are working towards incorporating tikanga Māori at all levels of the organisation. Staff have Te Tiriti o Waitangi training and have or are scheduled to attend cultural training bi-annually. This is being applied and reflected in day-to-day service delivery. The service responds to resident needs, including those with a disability and supports and encourages participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>At St Clair Park, the service's abuse and neglect policy is being implemented. The service's policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The code of conduct is discussed during the new employee's induction to the service. The code of conduct policy addresses harassment, racism, and bullying. The service has a no tolerance approach to any form of abuse and includes any form of racism towards residents and staff as abuse.</p> <p>Staff complete education on orientation and biannually 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. Staff do not have direct access to residents' finances. All residents and whānau/ family interviewed confirmed that the staff are very caring,</p>

		<p>supportive, and respectful. Whānau/family interviewed confirmed that the care provided to their whānau/ family member is excellent.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with the registered nurse and care partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The complaint procedure is implemented, and anyone can register a complaint if they identify institutional racism. Management will implement the complaint management procedures and complete an investigation and resolution of any corrective actions. The service applies the health equity assessment tool to identify the factors behind racism and will resolve the issues accordingly.</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>The service has an open disclosure policy and staff interviewed confirmed their understanding of open disclosure. Information is provided to residents and whānau/family on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify whānau/family or next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Seventeen accident/incident forms reviewed identified relatives are kept informed. Five whānau/family interviewed stated that they are kept informed when their whānau/family member's health status changes.</p> <p>The service has access to interpreters where required both internally and externally. Residents and whānau/family members confirmed communication with staff is open and effective. Whānau/family said they were kept well informed about the facility and their whānau/family member. Residents/family/whānau have access to an advocate who visits the facility regularly. The manager operates an open-door policy and is readily available to meet with residents/family/whānau. Records of meetings are documented with any outcomes of discussions documented, implemented and signed off.</p>

		<p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand Southland specialist services. The delivery of care includes a multidisciplinary team and residents and/or whānau/family provide consent and are communicated with in regard to services involved.</p> <p>Residents and/or family/whānau have the opportunity to raise any issues/suggestions they may have and be kept informed with matters relating to the facility. Staff described working collaboratively with residents and whānau/family, including mutual open and honest communication.</p> <p>MHA: Whānau/family stated that they received information through phone and emails and were able to talk with the manager at any time. Whānau/family also stated that they are kept well informed and had received regular updates.</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 documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where required.</p> <p>Certificates of mental incapacity and activation of the EPOA documents were on file for residents where necessary. Signed consent forms for Covid-19 and flu vaccinations are also on file. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy in place. Appropriately signed resuscitation plans and advance directives were sighted in each resident file reviewed.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau/family in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen.</p> <p>MHA 24: The residents have given consent for treatment, intervention</p>

		and/or support.
<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>	FA	<p>The complaints procedure is provided to residents and whānau/family on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, on an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were eight complaints logged in the complaint register in June 2023 to June 2024 (year-to-date). The complaints documented in the register included an investigation, follow-up, and replies to the complainant. Complaints have been acknowledged within the required timeframes, which align with right 10 of the Code. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and whānau/family confirmed they were provided with information on complaints and complaint forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and whānau/family making a complaint can involve an independent support person in the process if they choose. The facility manager has an open-door policy.</p> <p>The Code is visible and available in te reo Māori and English. The service uses their best efforts to verify Māori and whānau understand their rights. Face to face interviews are offered to any complainant and particularly to 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</p>	FA	<p>St Clair Park is a privately owned residential care facility that provides care across three service levels (rest home, dementia and residential disability - psychiatric). There are terms of reference and any other staff attending governance meetings have had training as part of their orientation. The facility manager provides the owner/operator with a fortnightly update report that includes compliance with contracts and any legislative changes. The owner/operator and facility manager meet</p>

<p>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>monthly and report on any issues and progress. The owner/operator of the service provides support for the facility manager, with meetings and regular contact. The service ensures services for residents are undertaken to improve resident outcomes. The facility manager confirmed a continuing commitment to ensure that the residents receiving services and their whānau/family continue to actively participate in aspects of planning, implementation, monitoring, and evaluation of their individualised services/care.</p> <p>The number of certified beds available is 41. The service is divided into three units. The 15-bed Cargill unit (dementia level care), 18-bed Ashwood unit (mental health and rest home) and eight-bed Middleton unit (mental health and rest home). At the time of the audit, there were 33 residents (nine rest home level, including one resident funded by ACC, one resident on a LTS-CHC, one resident was on a young person with a disability (YPD) intellectual contract. There were twelve residents at dementia level, and thirteen residents were on a residential disability – psychiatric (mental health) contract. The remaining aged care residents were on an age-related residential care contract (ARRC).</p> <p>There is a documented strategic plan and business continuity plan. The 2024 to 2026 strategic plan contains the mission, philosophy, and objectives for the service. The owner/operator works with management to meet the requirements of relevant standards and legislation. The manager reports at the meetings with an overview of adverse events, health and safety, staffing, infection control and all aspects of the quality risk management plan. Critical and significant events are reported immediately to the facility manager and owner/operator. The combined Quality and Business Plan is current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans.</p> <p>St Clair Park’s 2024 business, quality, and risk management, which include a mission, and business objectives and values, are being implemented. Business goals are regularly reviewed by the director/owner and the facility manager. Quality goals are documented and reviewed regularly by the facility manager and staff (where applicable). The director/owner receives a comprehensive fortnightly</p>
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	<p>report from the facility manager, which includes (but is not limited to) quality indicators; staffing; complaints; meeting discussion; education; and internal audit updates.</p> <p>The facility manager is a registered nurse with a current annual practising certificate (APC). The facility manager has been at the service for eight months and has worked for the service in the past in the registered nurse's role. They attend education and training relating to managing an aged care facility, including attendance at Health New Zealand Southern regional meetings and local aged care provider meetings. The facility manager is supported by an administrator (human resources, accounts), RN, team leaders and care workers.</p> <p>The governance/ management team is committed to addressing barriers to inequity, Māori, and people with disabilities, through education and collaboration with mana whenua in business planning and service development. The management team is working on addressing these barriers by identifying opportunities for improvement. The Māori health plan confirms a focus on improving outcomes and achieving equity for Māori. The service ensures whānau have meaningful representation to further explore and implement solutions on ways to achieve equity and improve outcomes for whānau, through meetings, open door policy, access to the services Māori adviser and evidence of good transparent communication between residents and whānau/family in minutes of meetings. Residents and whānau/family have regular service input through the complaint's procedures, residents' meetings, satisfaction surveys, and via telephone, texts and emails. The owner/operator and facility manager hold accountability for delivering a high-quality service through accessing meaningful support, advice and as required representation of Māori in governance and honouring Te Tiriti o Waitangi. The manager reported that the Board has access to a local kaumātua or local iwi and a resident representative who provide input into key operational policies.</p> <p>The service ensures services for residents are undertaken to improve resident outcomes. The facility manager confirmed a continuing commitment to ensure that the residents receiving services and their whānau/family continue to actively participate in aspects of planning, implementation, monitoring, and evaluation of their individualised services/care.</p>
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		<p>The clinical governance structure is comprised of the facility/quality manager, RN and team leaders who meet monthly to ensure a consistent overall approach to clinical issues and policy development. Quality and Risk, IPC and health and safety concerns are also reported at the 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 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>PA Low</p>	<p>St Claire Park is implementing a quality and risk evaluation system using a risk matrix to manage current identified risks. The development of potential risks ('what if scenarios') has not been fully developed and implemented. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service also has a quality improvement action plan that is regularly reviewed for progress against identified goals. Interviews with caregivers confirmed that quality data is discussed at monthly staff meetings. Quality improvement, health and safety, and infection control are part of the staff meetings where all quality data and indicators are discussed. Minutes of these meetings are available to all staff.</p> <p>The quality improvement goals for 2024 include keeping residents and staff well; flu vaccinations; an overall reduction in infections; reduction in duration of call bells; improved education for staff; and team building.</p> <p>The monthly staff meetings, including health and safety, and quality and provide a pathway 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. Meetings minutes and collation of data are documented as taking place, with corrective actions documented where indicated to address issues raised. There is evidence of progress and sign off when resolution is achieved. Corrective actions are discussed at staff meeting under quality on the agenda, to ensure any outstanding matters are addressed and signed off when completed.</p> <p>Resident and whānau/family surveys have been collected for 2023 – 2024. These have not been compiled into a report, although there is evidence of corrective action requests (CARs) being implemented from the surveys. All residents and whānau/family interviewed reported a</p>

	<p>high level of satisfaction with all aspects of care and service delivery (link 2.3.9).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated as required. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. There is a health and safety representative with health and safety training. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored through staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Individual paper-based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) documented, as evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by the registered nurse. Relatives are notified following incidents. Opportunities to minimise future risks are identified.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications relating to residents' behaviours, a Covid-19 outbreak and unacceptable staff behaviour; all have been addressed and closed off.</p> <p>MHA: The service has a written quality plan that is reviewed annually. The plan meets all the requirements of the contract, including how it will address Māori issues. The service's implemented internal audit system includes clinical audit and peer reviews. The service has a current vulnerable children's policy. Staff are trained in the Treaty of Waitangi, te reo Māori and Tikanga and other cultural practices.</p>
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		<p>Cultural assessments are completed by staff who have received cultural safety training. The service has links with other external agencies in the community such as Māori organisations, marae, iwi, kaumātua, and other services can be accessed through the local Health New Zealand Southern community mental health team. There is signage on doors in Te Reo Māori.</p> <p>The facility manager advised there are robust quality and risk processes in place, with an array of quality and risk related data reviewed. There is critical analysis of organisational practices at the service/operations level aimed to improve health equity within the service. The owner/operator and facility manager reported that the organisations ongoing learnings for staff, owner/operator and management with cultural input, and the importance of tikanga Māori, is emphasised to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The rosters reviewed provides sufficient coverage for the delivery of care. Unplanned absences were noted to have been filled by the casual staff and part-time staff working additional hours. The facility manager works full time from Monday to Friday and provides after-hours support seven days per week for clinical and operational matters. The registered nurse works 32 hours per week. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme is in place for 2023-2024, which includes mandatory training; however, this requires improvement (link 6.1.6). Education in 2023-2024 included (but not limited to) manual handling; infection control; health and safety; hazards; abuse and neglect; pain management; and fire drills. The facility manager has developed additional training programmes for senior caregivers who fulfil the shift lead responsibility in the absence of a registered nurse. Topics include post fall management (inclusive of neurological observations), management of residents of concern, health and safety and emergency management. Staff have been provided with cultural safety</p>

	<p>training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training through Health New Zealand – Southern.</p> <p>For staff working in dementia, A separate training programme has been provided around residents of concern (pathway for the deteriorating resident) including neuro observations and after-hours management of residents, abuse and neglect.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Competencies are completed by staff, which are linked to the annual in-service schedule. Six support staff have completed dementia unit standards and two are yet to commence.</p> <p>The facility manager and the registered nurse are interRAI trained. Support systems promote health care and support worker wellbeing and a positive work environment. The service's consumer/whānau/family participation policies outline active ways to promote and support involvement of residents and whānau/family in the organisation. Whānau/family involvement with decisions relating to policies, protocols, planning, and implementation is through staff with lived experience and input from whānau/family through the facility manager and team leaders of each unit (wing). Whānau/family can also have input by way of verbal feedback to staff, use of letters, phone calls and visits, and the complaints process is made available. Residents and whānau/family have opportunities to give feedback. The service is implementing annual resident/whānau/family surveys; however, the 2023/2024 surveys have not been compiled into a report and presented at all levels of the service. Residents and whānau/family said they were happy and satisfied with their level of input into the service. Staff employed with lived experience have position descriptions, receive training and supervision.</p> <p>MHA: 24 The provider has a current smokefree policy. Staff records sampled and discussion with facility manager and staff evidenced that staff complete smoking cessation training via an online training platform.</p>
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		<p>MHA 24: All staff who perform the team leader role within the Ashwood unit have completed the National Certificate in Mental Health (Level four). A further three caregivers have commenced the training or have recently enrolled.</p> <p>St Clair Park utilises the key worker role which ensures all residents have an appropriately trained and supervised support worker from the service who is acceptable to them. The caregiver allocated can change if this is no longer suitable for the resident.</p> <p>St Clair Park ensures there is access to clinical/professional mental health practitioners via Health New Zealand Southern.</p> <p>Each nocte there is a caregiver who is awake and directly available for the hours 10.00 pm until 06.00 am to respond to the needs of the residents.</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>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely in the administrator's office. Six staff files reviewed (four care staff, one registered nurse, one administrator) evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. A copy of practising certificates is maintained for all health professionals.</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 (Treaty of Waitangi, medication competencies, fire and emergency management, hand hygiene, IPC practices, first aid training, code of rights, health and safety, abuse and neglect). The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori.</p> <p>Discussion with the facility manager, staff and review of documentation evidenced that all staff have the opportunity to discuss and review performance at defined intervals.</p>

		An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. An Employee Assistance Programme is available to staff for access.
<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 and the information associated with residents and staff are retained in hard copy and electronically. Electronic information (eg, policies and procedures, quality reports, meeting minutes) are backed-up and password protected. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely, including staff signatures, designation, and dates. Residents entering the service have all relevant initial information recorded on entry into the resident's individual record and an initial care plan is also developed.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. St Clair Park are not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for whānau/family and residents prior to admission or on entry to the service. A review of residents' files confirmed that entry to service complies with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Whānau/family members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service.</p> <p>Admission criteria is based on the assessed needs of the resident and</p>

<p>communicated to the person and whānau.</p>		<p>the contracts under which the service operates. The facility manager is available to answer any questions regarding the admission process. The service openly communicates with prospective residents and whānau/family during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the service analyse the data for the purposes of identifying entry and decline rates. The facility has established links with local iwi who provide cultural advice and can support Māori through the admission process. The service has information available in English and in te reo Māori.</p> <p>The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</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>Six resident files were reviewed for this audit: inclusive of one LTS-CHC, one ACC, one dementia, two rest home and one mental health. The facility manager and the RN are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau/family involvement in the initial assessments, interRAI assessments, and whānau/family meetings, where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and whānau/family to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files sampled within the dementia unit and rest home units had interRAI</p>

	<p>assessments completed. The residents under a mental health contract had detailed assessments outlining their early warning signs, triggers, risk management, and appropriate interventions. These were monitored, evaluated and updated jointly by the St Clair staff and community mental health team. These were noted to be completed in a timely manner. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and evidenced updates when needs changed. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were noted to be transferred to the long-term care plan where required.</p> <p>A general practitioner (GP) and a nurse practitioner (NP) from Health New Zealand Southern ensure residents are assessed within five working days of admission. The GP and NP review each resident at least three-monthly and are involved in the six-monthly resident, whānau/family reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP and NP provide on-call service for after hours and on the weekend. The facility manager is available after hours for clinical and operational support. When interviewed, the GP and NP expressed satisfaction with the standard of care and quality of nursing proficiency at St Clair Park. The GP was particularly complimentary of the quality of referrals received after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a physiotherapist as required. A podiatrist visits six to eight-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurses are available as required.</p> <p>Caregivers interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers. The RN further adds to the progress notes if there are any incidents, GP or NP visits, or changes in health status. Residents interviewed reported their needs and expectations were being met, and whānau/family members confirmed the same regarding their whānau/family. When a resident's</p>
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		<p>condition alters, the staff alert the RN, or if after hours, the facility manager on call who then initiates a review with a GP or NP. Whānau/family stated they were notified of all changes to health, including infections, accident/incidents, GP or NP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. There was one resident with a minor wound. The documentation regarding the wound management was reviewed and provided sufficient detail to guide staff to ensure it was managed appropriately. The wound care specialist had input to chronic wounds and the pressure injuries.</p> <p>The caregivers interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and the RN complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</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>	<p>FA</p>	<p>The activities programme is currently being delivered by staff and overseen by one of the service's team leaders. The activities coordinator position is currently vacant. The service support community initiatives that meet the health needs and aspirations of Māori and whānau/family when required. Residents and whānau/family are supported in accessing community activities as appropriate, such as celebrating national events, Matariki, Anzac holidays, and use of simple te reo Māori words and phrases if required.</p> <p>The planned activities and community connections meet all resident's needs. The service has two vehicles that transport residents to and from their activities, as well as other appointments. The manager reported that a record of van outings was being completed and evidence of this was sighted.</p> <p>In the dementia unit the team leader has responsibility to ensure normal routines are not disrupted until the activities coordinator</p>

		<p>position has been filled. The facility manager, RN and team leader complete an individual activity plan (24/7 plan).</p> <p>The overall programme has integrated activities that is appropriate for the group of residents. The activities timetables are displayed weekly on the noticeboards in each unit. Group activities include exercises, card and board games, word games, van outings, entertainment, ball games, singing, sensory/movie, gym outing, cultural days such as Matariki and visits to the local Marae and seasonal celebrations. Activity plans are individualised and include one-to-one activities. Pet therapy is provided by the home's cat and visiting dogs. There is evidence of individual activities occurring that are meaningful to the resident. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p> <p>MHA24: Residents are supported with daily tasks to become independent, including mental health residents being in charge of their own laundry, as the able, cleaning, and other household chores. This was evidenced in the residents' files reviewed. The service support residents to access community resources if this is indicated as a support need by the resident. A Māori cultural advisor visits to engage and conduct with residents and staff, a workshop on Māori cultural activities.</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>Medication management is available for safe medicine management that meet legislative requirements. The facility manager or registered nurse assesses all staff who administer medications for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Caregivers interviewed could describe their role regarding medication administration.</p> <p>St Clair Park uses plastic roll packs for regular use medications, with 'as required' medications provided in blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in all three units. Medication trolleys were always</p>

		<p>locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge and room temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies are prescribed if residents choose to use these.</p> <p>Ten medication charts were reviewed (one ACC, one for chronic health, two dementia, two rest home, and four mental health residents). The medication charts reviewed confirmed the GP or NP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were residents self-medicating on the days of audit. Evidence was provided that the resident had been assessed for competency with sign off by the GP or NP. Competency was reviewed three-monthly. The facility follows documented policies and procedures should a resident wish to administer their medications.</p> <p>As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or the registered nurse sign when the medication has been administered. Over-the-counter medication and supplements shall be considered by the prescriber as part of the person's medication.</p> <p>There are no vaccines kept on site, and no standing orders are in use. Residents and whānau/family are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The facility manager described the process to work in partnership with residents and whānau/family to ensure they understand their medications when required. All residents are supported to access medications as required.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	All food is prepared and cooked off-site by an external contractor and delivered in hot boxes at mealtimes. It is then transferred into bain-

<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>maries or served from the hot boxes, temperature checked and electronically recorded before being served by caregivers. If the temperature checks have not occurred or are outside the range, an email is sent to the contractor and the facility manager. A dietitian reviews all menus for the contracted food services company. A current food control plan is in place. Staff have completed food safety training. Special diets and likes and dislikes are catered to, as reported by staff and residents interviewed. Changes suggested/requested by residents are sent to the kitchen and the menu altered accordingly. Meals are appropriate to the resident group, with individual meals supplied that cater to likes and dislikes and nutritional requirements. Any cultural requests are accommodated by the external catering contractor. Staff interviewed were knowledgeable around the principles of tapu and noa.</p> <p>Staff support residents to get their own and/or give them breakfast. There is a wide variety of fresh fruit and snacks available for residents. Morning and afternoon teas are delivered with the main meals. All food in the fridges throughout the facility was dated and stored in line with guidelines. Fridge and freezer temperatures are regularly taken, recorded, monitored and adjustments made as required.</p> <p>Food and meals are discussed at resident meetings. Residents and whānau/family interviewed were complimentary of the meals provided. Snacks are available 24 hours in all units (wings).</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and whānau/family to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a safe and timely manner.</p> <p>Whānau/family are involved for all transfers and discharges from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The facility manager explained that the transfer between services includes a comprehensive verbal handover and completion of specific transfer documentation.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The maintenance policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a building warrant of fitness (BWoF); dated 10 July 24.</p> <p>The service has an experienced maintenance person, who works 16 hours per week. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are logged and are checked daily. There is a preventative maintenance schedule that is maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales, and calibration of clinical equipment. Monthly hot water tests are completed and recorded for resident areas and are below 45 degrees. There are environmental audits and building compliance audits completed.</p> <p>The external areas and gardens were well maintained. Outdoor areas have seating and shaded areas available. There is safe access to all communal areas and outdoor areas. The dementia unit has a secure outdoor area. There is good indoor-outdoor flow and areas to wander. Caregivers interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>There are three separate units in one building, one aged care, one secure dementia and one mental health that are linked by passages. This allows residents to pass each other safely. All rooms are in close proximity of showers and toilets, with appropriately situated call bells and handrails. Residents bring their own possessions into the home and decorate their room as desired, as observed during the audit. Residents were observed moving freely around the areas with mobility aids where required. Residents requiring transportation between rooms or services can be moved from their room, either by lazy boy, or wheelchair.</p> <p>There are spacious communal areas throughout the facility. Activities, as observed on the day of the audit, are held in the lounges and dining areas. The lounges are large enough so there is no impact on other residents who are not involved in activities. The arrangement of seating and space allows both individual and group activities to occur. The</p>

		<p>dining rooms are spacious, and the décor is homely. There are kitchens located within each of the wings. There are handrails in communal bathrooms. There is communal mobility toilet located close to the communal lounges and dining room. There is a visitors toilet located between reception. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas.</p> <p>The building is appropriately heated and ventilated. There is plenty of natural light in the rooms.</p> <p>The facility manager reported that if there were planned development for new buildings there would be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>The facility manager, registered nurse and most care staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>A fire evacuation plan approved by the New Zealand Fire Service was sited. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies. Civil defence supplies are stored across the premises for easy staff access. In the event of a power outage, there is a BBQ and gas bottles on site which can be used for an alternative source of power. Management informed the auditors that the owner/operator and management are discussing and investigating generator options for the facilities in case of power outages. There is emergency battery backup for emergency lighting and gas cooking is available. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff. Emergency management is</p>

		<p>included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan.</p> <p>There are call bells in the residents' rooms and bathroom facilities, communal toilets and lounge/dining room areas. The call bells link to the nurses' stations' care calls system. Residents were observed to have their call bells in close proximity. Residents and whānau/family interviewed confirmed that call bells are answered in a timely manner. There is safe access to the building with a ramp and steps.</p> <p>The building is secure 24\7 and staff complete security checks at night. Visitors are instructed to press the main entrance doorbell for assistance. The facility is a secure facility with access through reception. All visitors and contractors sign in and out. Staff/visitors have access through a keypad pin number system to access the dementia unit .</p> <p>MHA: There is a comprehensive health emergency plan that includes the pandemic plan, which is available to Health NZ on request. Management confirmed that if requested the organisation will be involved in processes to ensure that emergency responses are integrated, coordinated, and exercised.</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>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the St Clair Park quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand Southern and the Public Health team. Infection prevention, control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the GP, and the Public Health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the director/owner. The facility manager confirmed the provider followed the reporting requirements for the Covid-19 outbreak in February 2024. The staff took a cautious response to a small outbreak, limiting visitors and resident community</p>

		<p>outings.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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 infection control programme is reviewed yearly by the facility manager, who has an established link with Health New Zealand Southern for advice guidance. The programme is discussed at staff meetings. Infection control data is included in the facility manager reports shared with the director/owner. The infection prevention and control manual include a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the facility manager annually to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand Southern.</p> <p>The infection prevention and control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has commenced online training modules for infection prevention. The infection prevention and control coordinator has access to support from the infection control specialist at Health New Zealand Southern, the GP and the public health team.</p> <p>The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audit monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator manages the procurement of good quality consumables and personal protective</p>

	<p>equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Infection prevention and control is part of facility meetings. The facility manager described a clear process of involvement of the infection prevention and control coordinator, should there be plans for development and ongoing refurbishments of the building.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included in the study days held. Staff have completed hand hygiene skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Whānau/family are kept informed of extra precautions required or outbreaks and updated through emails and phone calls.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
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<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>	<p>FA</p>	<p>The service has antimicrobial stewardship policy incorporated in the infection prevention documentation and compliance of antibiotic and antimicrobial use is monitored and evaluated through ongoing review of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff meetings. Significant events are reported to the director/owner and Public Health immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP, NP and facility manager provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the St Clair Park infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the facility manager and is included in the monthly report to the director/owner. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed.</p> <p>The facility manager described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand Southern.</p> <p>There has been a Covid-19 outbreak since the last audit. This was appropriately reported, with evidence provided of the infection outbreak logs. Staff were provided with an informal debrief post the event, with staff interviewed stating this was helpful.</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>PA Low</p>	<p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are stored on a lockable 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 were current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with sanitisers, a stainless-steel bench, and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The facility manager outlined the processes in place regarding chemicals, infection control practices, and cleaning practices during outbreaks.</p> <p>There is a laundry on site; however, only residents’ personal laundry is managed on site. All other laundry is outsourced to an external contractor. The set up of the laundry requires improvement. Personal laundry is delivered back to residents’ rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly. The facility manager is overseeing the implementation of the cleaning and laundry audits.</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</p>	<p>PA Low</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 whānau/family, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and whānau/family to ensure services are mana enhancing. The designated restraint coordinator is the facility manager. There are no residents listed on the restraint register as using a restraint.</p>

<p>restraint in the context of aiming for elimination.</p>		<p>The use of restraint would be included in the staff meetings and reported through to the director/owner should a resident require restraint. The facility manager described the focus on minimising restraint wherever possible and working towards maintaining a restraint-free environment. St Clair Park has an implemented staff training schedule in place. Restraint minimisation is included as part of the mandatory training plan and orientation programme; however, the training has not yet been provided to all staff. Seclusion is not used at St Clair Park.</p> <p>Any use of restraint, de-escalation and/or behaviour incidents are included in the staff meetings and reported through to the director/owner.</p>
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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 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	<p>The facility manager provides a report to the owner/operator weekly/fortnightly covering items such as service delivery, new admissions, staffing, adverse events, complaints, equipment and operations, external stakeholders and internal audits. The owner/operator also attends staff meetings; however, minutes are not documented.</p>	<p>Not all meetings with the manager and owner/operator are being documented.</p>	<p>Ensure minutes are documented of all owner/operator and management meetings.</p> <p>180 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>The service evaluates service delivery risks using the risk matrix system. There is a current risk management plan; however, a risk management plan identifying external and internal risks and potential inequities has not been developed with a plan to respond to them.</p>	<p>The risk management plan has not been fully completed and implemented</p>	<p>Ensure external and internal risks are identified and the risk management plan is implemented as per policy.</p>

				180 days
<p>Criterion 2.3.9</p> <p>Service providers demonstrates people with lived experience of the service participate in the planning, implementation, monitoring, and evaluation of service delivery.</p>	PA Low	<p>Residents and whānau/family said they were happy with their level of feedback to the service. They also reported that changes had been implemented by the service on the feedback they provided. For example, from satisfaction surveys, residents said they did not like rice for dinner. This was replaced and rice is no longer on the menu. This was fed back to staff and residents. Satisfaction surveys have been completed; however, these have not been compiled and results have not been reported to stakeholders.</p>	<p>Satisfaction surveys completed by resident and whānau/family had not been compiled and reported at meetings at all levels of the service.</p>	<p>Ensure residents and whānau/family satisfaction surveys are collated and reported, as appropriate at all levels of the service.</p> <p>90 days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be</p>	PA Low	<p>The provider maintains the washing machines and dryers. Care staff complete the washing of resident's personal clothing. Guidelines are available for all staff using the laundry for the safe management of all materials used for the laundry processes. The facility manger completes audits of the laundry processes to ensure compliance is maintained. All laundry equipment and chemicals is safely stored in marked locked cupboards. There is no clear separation between clean and dirty laundry in the current laundry.</p>	<p>There is no demarcation for separation of clean and dirty laundry.</p>	<p>Ensure there is clear separation between handling and storage of clean and dirty laundry.</p> <p>90 days</p>

reflected in a written policy.				
<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	PA Low	St Clair Park has an implemented staff training schedule in place appropriate for the needs of the residents.	The provider has not included least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation training within the staff training schedule.	<p>Ensure the appropriate least restrictive practice training is added and implemented to the staff training schedule.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.