

Victoria Place Lifecare Limited - Victoria Place Lifecare Limited

Introduction

This report records the results of a Provisional 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 The DAA Group Limited, 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:	Victoria Place Lifecare Limited
Premises audited:	Victoria Place Lifecare Limited
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 22 August 2024 End date: 23 August 2024
Proposed changes to current services (if any):	Sale of the facility to New Zealand Aged Care Services
Total beds occupied across all premises included in the audit on the first day of the audit:	47

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.

General overview of the audit

Victoria Place Rest Home, Hospital and Dementia Care (Victoria Place) is part of Oceania Healthcare Limited and is managed by a business and care manager (BCM) and supported by a clinical manager (CM). The facility can provide services for up to 51 residents requiring rest home, hospital or dementia levels of care. There were 47 residents in the facility on the first day of the audit.

New Zealand Aged Care Services Limited, the prospective provider, has a sale and purchase agreement with Oceania Healthcare Limited to purchase Victoria Place. This provisional audit was undertaken to establish the prospective provider's preparedness to deliver residential aged care services and the current owner's level of conformity with the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and its agreements with Health New Zealand - Te Whatu Ora.

New Zealand Aged Care Services Limited is a New Zealand company which owns and operates a portfolio of aged related residential care homes across New Zealand. The company is experienced in delivering aged care services through its ownership of eleven care homes. Interview with the general manager – clinical and quality provided evidence of knowledge and understanding of the aged care sector and the company's preparedness to own and operate this additional facility.

This audit process included review of the existing provider's policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and a nurse practitioner. Residents and whānau were complimentary about the care provided.

One area requiring improvement was identified, although this does not impact on the preparedness of the prospective provider to manage the facility.

Ō tātou motika | Our rights

Victoria Place has a Māori and Pacific peoples' health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. The prospective provider has policies in place to support and encourage a Māori world view of health in service delivery, and to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Victoria Place works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Staff were observed to engage with residents in a culturally safe way. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Principles of mana motuhake practice (self-determination) were shown in service delivery.

The service provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce, and the requirement to do this is embedded in policy.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and

legal representatives are involved in decision-making that complies with the law. Advance directives are followed whenever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Victoria Place. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and tāngata whaikaha (people with disabilities).

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation, and of the facility, are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services is occurring, with regular reviews according to predetermined schedules.

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. An education/training programme is in place and competencies are assessed. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

When residents enter Victoria Place, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The clinical governance team oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.

The implemented infection prevention (IP) and stewardship (AMS) programmes are appropriate to the size and complexity of the service. They are adequately resourced. The infection control coordinator is a registered nurse who leads the programmes at Victoria Place.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required and results shared with staff.

The environment supports both prevention of infections and mitigation of their transmission. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.

A comprehensive approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	26	0	0	1	0	0
Criteria	0	168	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>	FA	<p>Victoria Place has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with Raukawa, the local iwi organisation, to support service integration, planning, equity approaches and support for Māori. Raukawa also provides cultural training and advice for staff. The organisation has a Māori health plan in place which has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed, including notifying Raukawa when the organisation is recruiting staff. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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</p>	FA	<p>Victoria Place identifies and works in partnership with the South Waikato Pacific Island Community (SWPIC) to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the</p>

<p>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>service, and ensures equitable outcomes are achieved. Partnerships enable ongoing planning and evaluation of services, culturally safe practices and the delivery of cultural training for staff.</p> <p>Pasifika residents interviewed felt their worldview and cultural and spiritual beliefs were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported through informing SWPIC when the organisation is recruiting, resulting in Pasifika staff being employed across roles.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in a Māori and English on posters around the facility, with brochures in both languages available at reception. A poster on the Nationwide Health and Disability Advocacy Service (Advocacy Service) was displayed in the reception area, in large print. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the Advocacy Service and were seen supporting residents of Victoria Place in accordance with their wishes. Staff were observed to be respectful, considerate of residents' rights, and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>New Zealand Aged Care Services Limited, the prospective owner is aware of the Code of Health and Disability Services Consumers' Rights and has policies in place to ensure these are upheld.</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>FA</p>	<p>Victoria Place supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices and independence. Staff were</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>observed to maintain privacy throughout the audit. All residents have a private room and rooms sighted were spacious and reflected the residents' individuality.</p> <p>Nurses and care staff receive training on the principles of Te Tiriti o Waitangi. Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility and key resident information, such as the Code of Rights, was displayed in te reo Māori. The staff were encouraged to speak and/or learn te reo Māori, with the assistance of staff members and residents who identified as Māori.</p> <p>The service responds to the needs of individual residents, including those with disabilities, and staff described ways they enable Māori residents to participate 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. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Victoria Place included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. Professional boundaries were maintained.</p> <p>Residents reported their property was respected.</p> <p>A holistic model of health at Victoria Place was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. A Māori care plan based on Te Whare Tapa Whā is available to support Māori residents; however, this was not always documented; refer criterion 3.2.4. Five residents and one whānau member interviewed, including a Māori resident and whānau, expressed satisfaction with the services provided at Victoria Place.</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>Residents and their whānau at Victoria Place reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, and was present on signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Files reviewed evidenced whānau were informed of any events/incidents, and documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA). Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Evidence was sighted of referrals and communication with other agencies involved in the residents' care when needed.</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>Residents at Victoria Place and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>The nursing and care staff interviewed understood the principles and practice of informed consent, which were supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. All residents in the secure dementia unit have a documented EPOA or welfare guardian on file that has been activated by an appropriate medical practitioner.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a</p>

		resident had a choice of treatment options available to them. A kaumatua from the local marae was available to support and advise if needed.
<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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms were available for those wishing to make a complaint. An electronic complaint register is maintained and provides a record of the complaint management process and timeframes.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. Learnings from complaints are discussed at the monthly quality meeting, which all staff attend. The service assures the process works equitably for Māori by ensuring the complaints process is available in te reo Māori. An interpreter can be arranged if necessary.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania is using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and</p>

	<p>procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation, and enabled through choice and control over supports and the removal of barriers that prevent access to information. Specific models of care relevant to Māori and Pasifika are available for use for Māori and Pasifika residents in the service. The needs of tāngata whaikaha are specifically addressed in a 'Person with a Disability' policy.</p> <p>Oceania has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for the Victoria Place service, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including monthly reporting, and quality data.</p> <p>The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director, who also provides clinical and quality dashboard reports to the board. Internal data collection (eg, adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to the business and/or strategic plans as required.</p> <p>The business and care manager (BCM) and clinical manager (CM) confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Waikato (Te Whatu Ora Waikato), Accident Compensation Corporation (ACC), and Whaikaha Ministry of Disabled People to provide age-related residential care at rest home and hospital level, dementia care, long-term support - chronic health conditions, respite</p>
--	---

		<p>care, palliative care and disability support services. On the day of the audit, 47 beds of 51 were occupied. Twenty residents were receiving rest home care, twenty were receiving hospital level care, and seven people were receiving support in the dementia unit. Three residents' care was jointly funded by ACC. There were no residents under 65 years of age under the Whaikaha Ministry of Disabled People agreement.</p> <p>The prospective owner, NZACS, is a New Zealand-based organisation that presently owns and operates eleven aged care facilities across New Zealand. It has a board of directors, and a management structure that includes a managing director, general manager operations, general manager clinical and quality, and a general manager finance. New Zealand Aged Care Service Limited has a strategic plan/business plan 2021-2025 which outlines the purpose, values, direction, scope and goals of the organisation. It has notified the Ministry of Health and Te Whatu Ora Waikato of its prospective ownership of Victoria Place. The organisation's facility management structure has a business and care manager and clinical manager, registered nurses, health care assistants and support staff. The prospective owner will employ the present staff from manager down and will continue with the present processes, with ongoing review to occur. Present NZACS facilities meet the requirements of the standard.</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</p>	<p>FA</p>	<p>Victoria Park uses Oceania's range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, a health and safety strategy, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and of</p>

<p>and support workers.</p>		<p>contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring, including analysis of entry and decline rates, with appropriate follow-up and reporting. A Māori health plan guides care for Māori, and strong links have been established with Raukawa, the local iwi.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk management plan for the facility was sighted, and identified risks are discussed at the monthly staff meetings.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Adverse events are recorded using paper-based incident forms. Once completed by staff, these forms are sent to the BCM to enter into the electronic incident reporting system. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. Feedback following incidents is provided to those involved and the wider staff team, through the monthly quality meetings.</p> <p>The BCM and CM both understood and have complied with essential notification reporting requirements. In the last 12 months, there has been one Section 31 notification made to Manatū Hauora related to the appointment of the clinical manager. There have been no other notifications or investigations to external agencies since the previous audit.</p> <p>The prospective owners stated that they will continue with the facility's present quality and risk systems, including policies and procedures, and progressively integrate their generic quality systems. They are aware of, and comply with, statutory and regulatory obligations in relation to essential legal and contractual notification reporting.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). This was confirmed</p>

<p>to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>in rosters reviewed, which showed staffing levels being met. Casual staff are employed to cover any gaps in the roster, due to sick leave and leave, or agency staff are used as a last resort, although none have been used in the past five months. The roster was fair and equitable, and processes are in place to ensure staff were not working excessive hours or days in a row. When interviewed, staff stated that they have enough hours allocated to provide care and support for residents and to complete expected tasks.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Evidence of education was sighted, with required training delivered to a group of staff each month. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Staff who work in the dementia unit have either completed or are training towards a dementia qualification. At the time of the audit, twenty-one of the following care staff had NZQA levels: five at level 2, four at level 3, and twelve at level 4. In addition, twelve carers were studying towards the level 4 qualification, and a further two were studying to become nurses.</p> <p>Staff reported feeling well supported by the business and care manager and the clinical manager, and were able to discuss/raise any issues with their manager or could access external support if they required this.</p> <p>Interview with the prospective provider identified that it has policies related to staffing, skill mix and staff changing shifts. There were no plans to change the existing roster patterns. The provider offers an incentive scheme for staff to remain with the company, is recruiting overseas RNs, and has a remote nurse who assists RNs with interRAI and care plan development with the facility staff. The organisation also has a plan to consolidate learning for care staff.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and in accordance with the Health</p>

<p>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>Information Standards Organisation (HISO) requirements. A sample of eight staff personnel files reviewed showed that the organisation's policies are being consistently implemented. The BCM stated that Oceania has an online recruitment system which manages the recruitment processes and retains records of each stage of the process. A new employee cannot be loaded onto the payroll system until all of the recruitment processes have been completed. Paper-based recruitment documentation had been scanned into the electronic staff records. All health professionals had current annual practising certificates, which were sighted.</p> <p>The review of staff files showed that each staff person had an orientation checklist on file that was relevant to their role. Staff reported that the orientation programme prepared them well for the role. These were completed and held electronically as part of the employee's file. Staff performance appraisals are completed annually, with the BCM appraising support workers and non-clinical staff and the CM responsible for the nurses' appraisals. The review of staff files showed that appraisals were up to date, with copies of these held on the employees' files.</p> <p>The BCM is aware of the ethnicity of the majority of the staff, which is multicultural and includes Māori and Pacific staff members. Ethnicity data is being recorded, and used to ensure equitable support can be provided. Records for staff and residents were seen to be kept safe and in line with legislation and good practice.</p> <p>Staff and the BCM stated debrief occurs as required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Victoria Place maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard-copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information</p>

		<p>was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Victoria Place is not responsible for the 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 communicated to the person and whānau.</p>	FA	<p>Residents were welcomed into Victoria Place when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Victoria Place provides and had chosen Victoria Place to provide the services they require. All resident admitted to the secure dementia unit had a specialist's authorisation for placement and were admitted with the consent of their EPOA.</p> <p>Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements.</p> <p>Enquiries are documented and where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Related data is documented and analysed, including entry and decline rates for Māori.</p> <p>Victoria Place had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the local medical centre that services Victoria Place, Te Koha Health, based at the local marae, and Te Whatu Ora Māori liaison staff.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	PA	<p>The multidisciplinary team at Victoria Place worked in partnership with the residents and their whānau to support the residents' 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>Moderate</p>	<p>Seven residents' files were reviewed: two hospital files, two rest home files, and three files of residents in the secure dementia unit. These files included two residents who were partially funded by the Accident Compensation Corporation.</p> <p>The seven files reviewed verified that a registered nurse develops a plan of care that the resident requires following a comprehensive assessment. Assessments were based on a range of clinical assessments, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments included resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner input, initial care plan, long-term care plan, short-term care plans, and review/evaluation met contractual requirements. However, not all identified residents' needs were included in care planning as implemented; refer criterion 3.2.4.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau interviewed confirmed active involvement in the process, including Māori, and the EPOA for a resident in the secure dementia unit.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Victoria Place's service development. These policies and processes also deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p>
<p>Subsection 3.3: Individualised activities</p>	<p>FA</p>	<p>Two qualified diversional therapists at Victoria Place provided an</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>activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Residents were enabled to attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated.</p> <p>The activities coordinator arranged frequent visits to local community events, and weekly shopping expeditions. Entertainers, volunteers and school groups visited.</p> <p>The facility had a van that enabled twice weekly outings to places and events of interest. Residents were supported to access local community events, and to attend the community house and kaumatua group meetings.</p> <p>Residents in the secure unit had activities provided that addressed the residents' twenty-four-hour needs based on previous lifestyle patterns. However, this was not documented in care planning; refer criterion 3.2.4. Residents in the unit were observed to be taking part in activity groups in the wider facility under the supervision of the diversional therapists, and individual activities such as colouring within the unit.</p> <p>Residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs. Satisfaction surveys evidenced residents and their whānau were satisfied with the activities provided at Victoria Place.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medicines were stored safely, including controlled drugs. All medications sighted were within current use-by dates. The required stock checks had been completed. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements and medication reconciliation occurs. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p> <p>Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP or NP review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>No residents were self-administering medications at the time of audit. The registered nurse described how this would be facilitated and managed safely should the need arise. Residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Victoria Place was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in September 2023. Recommendations made at that time had been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting</p>

		<p>minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>Residents in the secure unit have access to food at any time over the twenty-four-hour period.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The resident who was preparing to transfer reported that they were kept well-informed and were happy with the plans in place.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services, if the need is identified. Processes were in place to transfer residents to acute care if needed.</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>	FA	<p>A current building warrant of fitness (BWoF), expiring on 26 August 2024, was on display in the reception area. The independent qualified person (IQP) had been out to complete the inspections required to renew the BWoF, which on the day of the audit was still to be received by the provider.</p> <p>The organisation has a maintenance manager in place who oversees the property, and regularly visits the facility and prioritises proactive and reactive maintenance. Maintenance staff are employed to manage day-to-day maintenance requests, and to carry out planned maintenance and refurbishments when required. Preferred contractors are used for larger maintenance jobs or when specialised maintenance is required. A maintenance schedule of tasks to be undertaken is in place (including beds, hot water testing, wheelchairs, call bells and vehicles) with records that they have completed the work. Responses to reactive maintenance was timely, as evidenced in the maintenance book completed by staff and signed off by the</p>

		<p>maintenance person. Testing and tagging of electrical equipment, including residents' own equipment, were current. Biomedical equipment checks have been undertaken within the last 12 months.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility for all residents, including younger people (YPD). Personalised equipment is available for residents with disabilities, to meet their needs. All residents' rooms were observed to be single and of a good size, and allow for movement, including with the use of mobility aids. Eleven of the rooms have their own ensuite toilet and shower, and residents in the other rooms share toilet and shower facilities. Staff stated there were adequate toilets and showers to allow them to carry out cares. There were separate toilets for staff and visitors. Residents and whānau were happy with the environment.</p> <p>A range of lounge and dining areas are available and were observed to be well used. Heating is provided by electric underfloor heating, with one part of the building heated by heat pump due to this section of the underfloor heating failing. Solar hot water is used to supplement the electric water heating. Reticulated gas is used by the kitchen for cooking, and in the laundry to run the driers.</p> <p>The prospective provider is not planning on making any changes to the facility or to redesign the service. The prospective provider is aware of the requirement to ensure that any new service design will include consultation and co-design to 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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency, including how to support and evacuate the residents in the dementia unit. Staff are able to provide a level of first aid relevant to the risks for the type of service provided. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). The facility has an assembly point on site, but also has an arrangement in place</p>

		<p>that allows it to access the church across the road, if residents need to be evacuated.</p> <p>There are adequate supplies for use in the event of a civil defence emergency or a pandemic, and which meet the National Emergency Management Agency recommendations for the region. These supplies included food, water, medical supplies, blankets, linen, torches and batteries, personal protective equipment (PPE), gas barbecue for cooking purposes, and gas cylinders. The civil defence storage is appropriate and accessible. The maintenance person checks the supplies each month. There is currently no generator on site, but the maintenance person said there has been discussion about purchasing one for the facility.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place for after hours. Residents and whānau were familiarised with emergency requirements, such as evacuation arrangements and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Victoria Place has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel, who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waikato. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board has been collecting data on infections and antibiotic use, and this includes ethnicity data. Over time, the data will add meaningful information to allow Victoria Place to analyse the data at a</p>

		<p>deeper level to support the IP and AMS programmes.</p> <p>The prospective owner has its own established IP & AMS policies and systems in place that meet the requirements of the standard. It will carry on with current processes and transition over to its own system over time.</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 nurse (ICN) at Victoria Place was responsible for overseeing and implementing the IP and AMS programmes, with reporting lines to the clinical manager. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported annually. The ICN had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Victoria Place was accessed through the staff who identified as Māori and the cultural advisor or kaumatua from the local marae. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori are accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use.</p>

		Residents receive education to prevent transmission of infections, such as appropriate hand hygiene, and related to any infection they may develop.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Victoria Place has a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) at Victoria Place is appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection prevention programme. Victoria Place used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</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</p>	FA	<p>Victoria Place provided a clean and hygienic environment that supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Infection prevention personnel have oversight</p>

<p>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>of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>All laundry was laundered on site, including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>Laundry and cleaning processes are monitored for effectiveness. Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by clinical governance. At the time of the audit, no restraint was in use, and this has been the case for two months, when a resident required the use of a restraint for a short period post-surgery. Prior to this restraint use, the service had been restraint-free for over a year.</p> <p>Any use of restraint is included in monthly facility reporting and is reported through to the governing body.</p> <p>Policies and procedures meet the requirements of the standard. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. HCAs confirmed they have received training.</p> <p>A registered nurse is the restraint coordinator for the facility and has completed restraint training relevant to their role. The restraint</p>

		<p>coordinator attends the monthly quality and risk meeting, where restraint is a standard agenda item. They represent the facility at the biannual national restraint meeting, where restraint use is discussed, as well as restraint trends and analysis.</p> <p>The restraint coordinator is responsible for coordinating the restraint approval and evaluation processes. There are clear lines of accountability that would involve the resident, their GP and whānau in the decision-making process. A restraint register is maintained and was sighted.</p> <p>The prospective provider supports a restraint-free environment, and its restraint policies and procedures promote this.</p> <p>Given that there was no restraint in use at the time of the audit, subsections 6.2 and 6.3 have not been audited.</p>
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and</p>	<p>PA Moderate</p>	<p>Care planning is based on the residents' assessed needs. Residents and whānau are involved in the process, and those interviewed stated they had time for discussions. Assessment is an ongoing process and care planning is updated as needed. However, not all identified needs of the residents were included in care plans as implemented. These included:</p> <ul style="list-style-type: none"> Five out of seven residents in the secure dementia unit did not have a behaviour support plan in place that identified triggers to behaviour and documented prevention-based strategies for minimising episodes of challenging behaviour. Seven out of seven residents in the secure dementia unit did not have a 	<p>Care plans as implemented did not include all identified needs of the residents. This included physical needs of residents and cultural needs for residents who identified as Māori.</p> <p>Not all care planning for residents in the secure dementia unit included behavioural support planning, and no residents in the unit had a 24-hour plan describing how their behaviour is best managed over a 24-hour period, as required by contract.</p>	<p>Ensure all identified needs of the residents, both physical and cultural, are included in care planning as implemented.</p> <p>Ensure care planning for residents in the secure dementia unit includes behavioural support plans, a 24-hour plan of how to best manage the residents’ behaviour and a 24-hour diversional therapy plan, as required by contract.</p> <p>90 days</p>

<p>promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>plan of how the behaviour of the resident is best managed over a 24-hour period, and did not have a description of activities to meet the resident's needs in relation to diversional therapy during the 24-hour period, as required by the provider's contract with Health New Zealand – Te Whatu Ora (Clause E4.3,b).</p> <ul style="list-style-type: none"> • Four out of seven files reviewed for residents who identify as Māori did not have care planning in place to identify the supports required to meet their cultural needs. • Residents with physical needs did not always have their current needs included in care planning, including a resident with a stoma not mentioned in the care plan, and a resident with mobility needs. 		
---	--	---	--	--

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.