

Wimbledon Care Limited - San Michele Home & Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Wimbledon Care Limited
Premises audited:	San Michele Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 August 2024 End date: 30 August 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:	21

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

San Michele Home & Hospital provides rest home, and hospital level care for up to 29 residents. There were 21 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Waikato.

The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, and staff, The general practitioner was unavailable for interview at the time of audit.

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

This certification audit identified shortfalls relating to short-term care plans and wound care plans.

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.

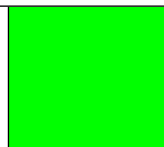
San Michele Home & Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans. The service works to provide high-quality and effective services and care for residents.

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

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

San Michele Home & Hospital has an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The care plans viewed demonstrate service integration. Resident files included medical notes by the general practitioner, and other allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme that includes cultural celebrations, which the activity coordinator implements. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

The registered nurses identify residents' food preferences and dietary requirements at admission. All food and baking is prepared and cooked on site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. The service has a current food control plan.

Transfers and discharges are coordinated between services.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
---	--	--

The building holds a current warrant of fitness. Most rooms are single occupancy, and there are five double rooms. These are all spacious enough to provide personal cares and are personalised. Fixtures, fittings, and flooring are appropriate. Maintenance is done on a daily or an 'as required' basis, with plans for preventative maintenance in place. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least seven days.

Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate. Appropriate security checks and measures are completed by staff.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

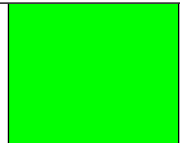
Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. All policies, procedures, the pandemic plan, and the infection prevention and control programme have been approved by the directors and the RN. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak (Covid-19) since the previous audit.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.



Subsections applicable to this service fully attained.

The restraint coordinator is the clinical nurse manager.

The service aims for a restraint-free environment; this is supported by the directors. Policies and procedures are in place to guide staff. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit.

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	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The service has a Māori Health Plan which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. Cultural safety, including health equity and Te Tiriti o Waitangi training, is scheduled for October this year. All staff have access to relevant tikanga guidelines in the form of tikanga best practice flipcharts, which have been provided by Health New Zealand - Waikato.</p> <p>Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and the manager's extensive links in the community. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit, there were Māori staff members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents,</p>

		<p>as detailed in the Māori Health Plan and tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eight staff members interviewed (four caregivers, one cook, one activity coordinator, an administrator, and a registered nurse) described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>San Michele Home & Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025.</p> <p>On the day of audit, there were no Pacific residents living at San Michele. There is a process to gather ethnicity information and Pacific people's cultural beliefs and practices during the admission process, which would then be entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from residents and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The facility manager confirmed that the service would encourage and support any applicants that identify as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with management, staff members, five residents (three hospital, two rest home), and four family/whānau (hospital level) identified that the service puts people using the services, whānau, and the San Michele Home & Hospital community, at the heart of their services. The service has links to a local Pacific Island church to access community links, and facilitate equitable employment opportunities for the Pacific community.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, or clinical nurse manager discusses aspects of the Code with residents and their whānau on admission.</p> <p>Discussions relating to the Code are also held during the bimonthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents’ rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available near the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through the local churches. Church services are held monthly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori Health Plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Residents have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect.</p>

		<p>Resident and family/whānau satisfaction survey results (most recently June 2024) confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Five residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori Health Plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's orientation to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity.</p>

		<p>All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau members.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all residents could speak and understand English. Caregivers and the RN interviewed described how they would assist any resident that did not speak English with interpreters or resources to communicate as the need arises.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding the range of services available. Health professionals</p>

		involved with the residents may include specialist services. Staff interviewed could describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.
<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>	FA	<p>There are policies around informed consent. The five resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau, and in care planning as required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>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 family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written, on a complaints' register. There have been no complaints in 2024 year to date since the previous audit in December 2023. There have been no external complaints received.</p> <p>The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters, and resolution to demonstrate that any complaints received would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they would be informed of complaints (and any subsequent corrective actions) in the monthly staff meetings</p>

		<p>(meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on the complaints process, and complaints forms are available near the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>San Michele Home & Hospital is located in Te Awamutu. San Michele Home & Hospital provides care for up to 29 residents at rest home, and hospital levels of care. On the day of the audit there were 21 residents: 10 rest home, and 11 hospital level, including one funded by (Accident Compensation Corporation) ACC. All residents apart from the ACC were under the aged related residential care (ARRC) agreement.</p> <p>San Michele Home & Hospital is the trading name of Wimbledon Care Limited. San Michele Home & Hospital is a privately owned company with a Board of two directors (one of whom is the facility manager). San Michele Home & Hospital has a current business plan (2024-2025) in place, with clear goals to support their documented vision, mission, and values. The values espouse caring, personalised care, from a longstanding dedicated team of care staff. The directors are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector.</p> <p>A mission, philosophy and objectives are documented for the service. The monthly meeting management and quality meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The manager and director</p>

		<p>analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. Clinical governance is provided by the clinical nurse manager, in collaboration with the manager of a nearby sister facility. This includes Board input from a Māori cultural advisor. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The director, facility manager, and clinical nurse manager have demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies through attending the same training as the facility staff members.</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>FA</p>	<p>San Michele Home & Hospital has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the manager/director. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the management team and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, and hospital levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection prevention and control data collection, and complaints management. Data is collected for a range of adverse event data and is collated and analysed. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for</p>

		<p>comparisons and trends to improve health equity. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held bimonthly. Both residents and family/whānau have provided feedback via annual satisfaction surveys. The 2023 and 2024 surveys, and separate food surveys indicate that residents and family/whānau are very satisfied with the services received. No corrective actions were raised. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. A current hazard register was sighted. Directors/management and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The facility manager is aware of situations that require essential notifications. No Section 31 reports have been required since the previous audit. Public Health authorities have been notified in relation to the Covid-19 outbreak.</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>FA</p>	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 RN cover.</p> <p>The RN and the staff member who takes residents on outings or appointments hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager and clinical nurse manager are available Monday to Friday, with on-call out of hours being shared by the clinical nurse manager and RNs.</p> <p>Interviews with caregivers, an RN, and management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory</p>

		<p>training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint elimination, cultural safety, and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 14 caregivers employed, 11 have attained a level 3 NZQA or higher qualification.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Three of six RNs (including the clinical nurse manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, in order to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored in hard copy. Six staff files reviewed (clinical nurse manager, RN, domestic, and three caregivers) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and</p>

		<p>dietitian). There is an appraisal policy. All staff who had been employed for over 12 months have an annual appraisal on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
Subsection 3.1: Entry and declining entry	FA	There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Residents who are admitted to San Michele Home & Hospital are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The facility manager and clinical nurse manager screen prospective residents prior to admission.</p> <p>The five admission agreements reviewed aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical nurse manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process, and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The facility has established links with community Māori advisors and kaumātua through Māori staff employed by the service, in order to benefit Māori individuals, and whānau.</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>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed for this audit: two at rest home level care, and three at hospital level, including one funded through ACC. Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p>

	<p>The individualised paper-based lifestyle plans are developed with information gathered during the initial assessments and the interRAI assessment, and are completed within three weeks of the residents' admission to the facility. All residents have an interRAI assessment completed, including the resident funded through ACC. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The RN interviewed describe removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans so residents can develop their own pae ora outcomes. All care plans had been signed by the resident or family member.</p> <p>Short-term care plans (STCP) are not always developed for wounds, although they are in place for other acute needs, such as infections.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GPs visit the facility at least weekly. Documentation and records reviewed were current. The GP was not available for interview. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility once a week and reviews residents referred by the clinical manager or RNs. The physiotherapist was complimentary regarding the care provided.</p> <p>Contact details for family/whānau are recorded on each resident's file. Family/whānau/EPOA interviews and resident records evidenced they are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photographs were taken where this was required. There were eight residents with wounds; skin tears, bruises, chronic ulcers; and two with pressure injuries (one facility acquired and one admitted with it). Where wounds required additional specialist input, this was initiated, and a wound nurse specialist has been consulted.</p>
--	--

		<p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls as per policy requirements.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN or clinical manager. Lifestyle plans are not formally evaluated every six months.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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>San Michele Home & Hospital utilises a rest home caregiver/activity coordinator to deliver a Monday to Friday programme. They are supported by staff to facilitate the programme that is resident centred and appropriate to the needs of the residents. The activities team implements a varied activities programme that reflects the physical and cognitive abilities of the resident groups. There is a weekly programme displayed on the noticeboards. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include (but not limited to): exercises; board games; newspaper; music; reminiscing; sensory activities; church services; craft; walks; shopping; and van trips. Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need, and to have a conversation. The facility has a car and a leased mobility van available for outings.</p> <p>The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community, and facilitates opportunities for Māori to participate in te ao Māori. The facility actively supports residents to maintain links with the community. On the day of</p>

		<p>the audit, activities involving music, word games and exercises were observed. All interactions observed on the days of the audit evidenced meaningful engagement between residents and staff. Waitangi Day, Matariki and Māori language week are celebrated with appropriate resources available. Entertainers visit regularly and special events, including birthdays, St Patricks day, Easter, Father's Day, Anzac Day, Christmas, and theme days are celebrated.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the resident's past hobbies and present interests, abilities, spirituality, culture, music, outside activity, key family, and social contacts, and these inform the activity care plan. Resident files reviewed identified comprehensive activity plans based on the resident's assessed needs. Residents' participation and attendance in activities are recorded and filed in the resident records. Activity plans are evaluated at least six-monthly at the same time as the interRAI assessment. Residents and family/whānau can provide feedback through one-on-one feedback and resident and family/whānau meetings.</p> <p>The interactions observed on the day of the audit showed engagement between residents, the activity staff, and carers. A number of residents were observed going out for walks. Residents and family/whānau interviewed expressed satisfaction with the activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>San Michele Home & Hospital has policies available for safe medicine management that meet legislative requirements. The RNs and medication competent carers who administer medications are assessed annually for competency. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the day of the audit, a RN was observed to be safely administering medications. The RN and caregivers interviewed could describe their roles regarding medication administration. San Michele Home & Hospital uses blister packs for all regular, pro re nata (PRN), and short course medications. All medications once delivered are checked by the RN against the medication chart. Any discrepancies are fed back to the supplying</p>

		<p>pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. All eyedrops and creams have been dated on opening. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges.</p> <p>Ten medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photographic identification and allergy status identified. Effectiveness of pro re nata (PRN) medication are recorded in the progress notes, and records reviewed demonstrated documentation on the effectiveness of PRN medications given to residents.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. The service does not use standing orders. There are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical nurse manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site, with meals being plated and served from kitchen to the dining room, which is adjacent to the kitchen. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Modified utensils, such as lip plates, are available for residents to maintain independence with meals. Staff interviewed are knowledgeable regarding a residents' food portion size and normal food and fluid intake, and confirm they report any changes in eating habits to the RNs and record this in progress notes. The kitchen was observed to be clean, well-organised, well equipped, and with a current approved food control plan, expiring in August 2025. The four-weekly rotating</p>

		<p>seasonal menu has been reviewed by a dietitian (21 August 2024).</p> <p>A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the RNs regarding resident's dietary profiles and any allergies. Residents who require supplements for identified weight loss have them supplied.</p> <p>Kitchen staff are trained in safe food handling. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers.</p> <p>Family/whānau meetings, and one-to-one interaction of residents with staff and cooks in the dining room allows the opportunity for feedback on the meals and food services generally. The cook and caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook advised they provide food for the cultural themed days in line with the theme. The cook stated they do their best to accommodate any requests from residents.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</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>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) a transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and the most recent GP records. The residents and family/whānau are involved for all transfers or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' files and any instructions integrated into the care plan. The clinical nurse manager advised a comprehensive handover occurs between services when discharges or</p>

		transfers occur.
<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>The buildings, plant, and equipment are fit for purpose at San Michele Home & Hospital and comply with legislation relevant to services being provided. The current building warrant of fitness expires 17 June 2025. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>Maintenance requests are logged into a maintenance book and the facility manager arranges repair with either the handy man (who is available daily) or contractors. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures that is managed by the facility manager and handy man. Testing and tagging of electrical equipment was completed, checking and calibration of medical equipment, hoists and scales is next due in August 2025. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The service is on one level. There are large and small lounges. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining room is spacious and located next to the kitchen. Most rooms are single occupancy, and there are five double rooms, none have more than one occupant at present. Residents are encouraged to personalise their bedrooms, as viewed on the days of audit. Fixtures, fittings, and flooring are appropriate. The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The facility has sufficient accessible bathroom/shower and toilet facilities for the number of residents being cared for. Bathrooms/showers have signs, handrails, and call bells. Bathrooms/showers are well lit, ventilated, and heated. There is sufficient space in the bathroom/shower areas to accommodate</p>

		<p>shower chairs, hoist and commodes as required. The communal toilets and bathrooms/showers have privacy locks system that indicates if it is engaged or vacant. Staff and visitor toilet facilities are provided.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. There is central heating system throughout the facility and a heat pump in the main dining area. Staff and residents interviewed stated that this is effective. There is safe access to all communal areas and to the outside areas and gardens. The gardens have seating and shade. There is one outdoor area where residents smoke. All other areas are smoke free.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the facility manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies that include a pandemic plan outline 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 fire evacuation plan has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness; with the last fire drill having been completed on 24 July 2024. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies and first aid equipment for the facility car used by residents are in place. In the event of a power outage, a barbeque is maintained with gas bottles, should gas cooking be needed. Emergency lighting is available to give staff time to organise emergency procedures. The service has a written agreement with a generator hire company, to be prioritised in the event of an emergency. There are adequate supplies in the event of a civil defence emergency, including food and the equivalent of three litres of water per person per day, for a seven-day cover. Information around emergency procedures</p>

		<p>is provided for residents and relatives in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>Staff files reviewed demonstrated evidence of completing first aid/CPR training.</p> <p>There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There is a display monitor that alerts staff to where the call bell is coming from. Residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The front door to the building is locked by staff at sunset and unlocked at sunrise. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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 clinical nurse manager (RN) oversees infection prevention and control across the service. The job description outlines the responsibility of the role and has been signed by the infection prevention and control coordinator. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality, risk, and incident reporting systems. The infection prevention and control programme is reviewed annually by the management team, and infection prevention and control audits are conducted. Infection rates are presented and discussed at staff/quality meetings. Infection prevention and control data is also reviewed by the management team and benchmarked internally. Infection prevention and control is part of the strategic and quality plans. The directors receive reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data, and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis,</p>

		<p>including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand – Waikato.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme has been developed by an external consultant and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control programme is reviewed annually by the clinical nurse manager, with support of the facility manager (director). Infection control is linked into the electronic quality risk and incident reporting system. Infection prevention and control data is analysed for trends, with outcomes shared with staff at staff meetings. The service has a Pandemic response plan (including Covid-19), which details the preparation and planning for the management of lockdown, screening, transfers into the facility, and positive tests.</p> <p>The infection prevention and control manual includes 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.</p> <p>The infection prevention and control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Health New Zealand – Waikato infection prevention and control nurse specialist, should this be required. There are sufficient quantities of PPE available as required.</p> <p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies</p>

		<p>are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring these through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates information around infection prevention and control in te reo Māori. The service works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Additional training and education around Covid-19 has occurred and a debrief was held following the recent outbreak to assist with sharing lessons learned. All staff have completed infection prevention and control in-services and associated competencies, such as handwashing and the use of PPE. There are no plans to change the current environment; however, the clinical nurse manager and facility manager (director) would be involved in the process.</p> <p>Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required for 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>
<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</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality improvement meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

<p>to the needs, size, and scope of our services.</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 and control programme and is described in the San Michele Home & Hospital policy and procedures manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. Infection control surveillance is discussed at staff/quality, and management meetings (including with Directors); this data is monitored and analysed for trends.</p> <p>The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection prevention and control coordinator, meeting minutes and relevant data are displayed for staff. Action plans are required for any infection rates of concern. Internal infection prevention and control audits are completed with corrective actions for any areas of improvement. The service receives information from Health New Zealand – Waikato for any community concerns. There has been one outbreak (Covid-19) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau and staff. Staff wore personal protective equipment, isolation of affected residents occurred to minimise risks, and family/whānau were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard when not in use. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>All laundry is managed on site, with dedicated domestic staff, and duties shared by the caregivers on the weekend. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is an appropriate sluice facility available, and the caregivers interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>San Michele Home & Hospital is committed to providing services to residents without the use of restraint. At the time of the audit, there were no residents using restraint. The service is committed to remaining restraint free. The designated restraint coordinator is the clinical nurse manager (RN). Systems are in place to ensure restraint use (if any) will be reported and benchmarked.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, San Michele Home & Hospital will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, GP, and restraint coordinator.</p> <p>Restraint related training, which includes policies and procedures related to restraint, cultural practices and de-escalation strategies, is completed as part of the mandatory training plan and the last training was completed by staff in August 2024. A restraint audit was completed and demonstrated compliance with expected standard.</p> <p>Seclusion is not used at San Michele Home & Hospital.</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 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are</p>	PA Low	<p>The service has documented comprehensive lifestyle plans for residents. The five lifestyle plans reviewed, all had been signed by either the resident or family/whānau. There is evidence of lifestyle care plans being updated as care needs change. However, formal evaluation of lifestyle plans are not documented.</p> <p>All wounds have a documented wound assessment, wound care plan and evaluation of the wound. However, short-term care plans are not documented for wounds and the service has a practice of not documenting a separate wound care plan for each wound.</p>	<p>i) Six-monthly formal evaluation of lifestyle plans are not documented.</p> <p>ii) Wound care plans include more than one wound per form.</p> <p>iii) Short-term care plans are not documented for wounds.</p>	<p>i) Ensure that six-monthly formal evaluation of lifestyle plans are documented.</p> <p>ii) Ensure that all wounds have an individual wound care plan per wound.</p> <p>iii) Ensure that acute/short-term issues such as wounds are documented as per policy.</p>

<p>implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</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.