

Presbyterian Support Central - Longview Home

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: Presbyterian Support Central

Premises audited: Longview Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 15 August 2024 End date: 16 August 2024

Proposed changes to current services (if any): Due to lack of historic information on the dual purpose beds; the audit agency request a verification of the 59 dual purpose beds. The 59 beds were verified as suitable as dual purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 57



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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Longview Home is part of the Presbyterian Support Central (PSC) organisation. The service provides rest home and hospital level (medical and geriatric) level of care. On the day of the audit there were 57 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Health New Zealand Te Whatu Ora -Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with family, management and the general practitioner.

The service continues to make environmental improvements. All the beds were verified as suitable for dual purpose use.

An experienced home manager and clinical nurse manager oversees the day-to-day operations of Longview Home. They are supported by two experienced clinical coordinators.

There are systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme continue to be implemented that provides staff with appropriate knowledge and skills to deliver care. Family/whānau advised that the staff provide a caring and respectful environment.

This audit has identified improvements related to maintenance and infection control.

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.

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

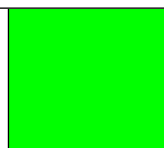
Staff demonstrate an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences.

The service respects residents' needs and effectively communicates with them and family/whānau about their choices and preferences. There is evidence that family/whānau are kept informed.

The rights of the resident and/or their family 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.

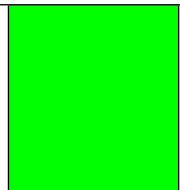
The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Meetings, and collation of quality indicator data were all documented as taking place as scheduled, with corrective actions as indicated to improve service delivery. There are various meetings where key issues related to service delivery is discussed.

Health and safety management systems are in place. Hazards are identified to ensure a safe workplace. Staff wellbeing is prioritised by ensuring a positive and supportive workplace.

There is a staffing and skill mix policy. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies to ensure an effective, efficient and skilled workforce.

The service ensures the collection, storage, archiving and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses, and healthcare assistants responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The recreation team leader and recreation coordinator provide and implement an interesting and varied activity programme which includes resident-initiated activities in line with the Eden philosophy. The programme includes outings, entertainment, and meaningful activities as detailed in the individual activity plans created for each resident. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. 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.

Discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building has a current warrant of fitness and emergency evacuation plan. All bedrooms are single occupancy, with a number having ensuites or shared ensuite facilities. There are sufficient communal facilities for those who do not have ensuites. There is enough space to allow the movement of residents around the facility using mobility aids. There are several lounge and dining areas throughout the facility. The internal areas are well ventilated and heated. The outdoor areas are safe and easily accessible.

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. A staff member trained in CPR and first aid is on duty at all times.

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

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

Some subsections applicable to this service partially attained and of low risk.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant staff in a timely manner.

The service has robust outbreak management plan in place. There are sufficient supply of personal protective equipment. There has been one outbreak since the last audit, which was well documented. There are documented processes for the management of waste and hazardous substances in place. 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 (registered nurse). There are no restraints currently in use at Longview Home. Restraint elimination is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort

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	25	0	2	0	0	0
Criteria	0	166	0	2	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 Enliven Māori Health Model is documented for the service. The plan was developed in partnership with Whanganui kaumatua. This plan acknowledges Te Tiriti O Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy, Te Whare Tapa Wha and the Eden Alternative principles.</p> <p>At the time of the audit there were Māori staff employed. Staff have completed cultural training related to Māori worldview. Longview Home evidence their commitment to equal access to professional development for all staff in their business plan.</p> <p>There were residents that identify as Māori at the time of the audit. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, choices and needs. The service has links with Ngāti Toa Rangatira, Te Āti Awa, as well as Māori health providers like Te Rūnanga o Toa Rangātira.</p> <p>The Enliven Cultural Advisory Group (CAG) provide organisational support related to improvement of Māori health, equity and wellbeing. The group is committed to involve family/whānau, Māori staff and elders in the co-creation of policies and resources.</p> <p>The home manager described an established relationship with local</p>

		<p>kaumatua and explained the Oranga Kamatua Wellness Map that support cultural, spiritual and emotional needs and reflect the model of Te Whare Tapa Wha. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant Tikanga guidelines. Te Reo Māori is encouraged to be used in general conversations, orally and written in email greetings.</p> <p>Twelve care staff were interviewed (five healthcare assistants, five registered nurses (RNs) including a clinical coordinator, one enrolled nurse (EN) and one recreation team leader) described how care is based on the resident's individual values and beliefs.</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>The organisation has developed a comprehensive Pacific health plan. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) is available in Tongan and Samoan when required.</p> <p>There were Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented. The service capture ethnicity data electronically. The resident's family/whānau are encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>There are Pasifika staff employed at Longview Home. The home manager stated there is a commitment in the business plan to foster links with the Pasifika community through the work of the Enliven Cultural Advisory Group and their own Pasifika staff. There is an established relationship with Porirua Pasifika church. The work for the Cultural advisory group includes identifying support needs for Pasifika staff and residents to ensure Pasifika worldview is embraced and equity is promoted.</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>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The home manager, clinical nurse manager or registered nurses discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and Te Reo Māori.</p> <p>Discussions relating to the Code are held during the quarterly resident and family/whānau meetings. Three relatives (two hospital and one rest home) interviewed reported that the service is upholding the residents' rights. 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 at 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 and links with Kaupapa Māori health providers delivering a range of family/whānau ora services. Church services are held weekly, and a chaplain is available twice a week. The chaplain and six residents (four hospital and two rest home) interviewed explained how the service meets the residents cultural and spiritual needs.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The Māori Health Strategy adopted by Presbyterian Support Central (PSC) sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledge within the strategic plan to ensure and promote independent Māori decision-making. Presbyterian Support Central has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that reflects</p>

		<p>Māori mana motuhake.</p> <p>Interviews with eighteen staff (twelve care staff, cook, cleaner, two housekeepers, chaplain and one laundry assistant) and documentation reviewed identified that the service are people centred.</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' family/whānau interviewed stated their relatives have choice. Family/whānau members are encouraged to be involved in their relative`s care.</p> <p>Longview Home`s annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed confirmed that residents and family/whānau 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 with training part of the education schedule. The care plans had documented interventions for staff to follow to maintain and support intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their relative values and beliefs being met. Residents` privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. Te Whare Tapa Wha policy includes spiritual needs.</p> <p>Te reo Māori is celebrated during Māori language week and evidenced in all aspects of service delivery. A Tikanga Māori flip chart is available for staff to use as a resource. Activities board with te reo Māori is in place in various locations throughout the facility. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo Māori more visible within the organisation. Staff are supported with Te Reo</p>

		<p>pronunciation.</p> <p>Comprehensive cultural awareness training is provided bi-annually and covers Te Tiriti o Waitangi, Māori world view (te ao Māori), equity and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A resident's rights policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed Longview Home is expected to uphold. Longview Home's policies prevent any form of discrimination, coercion, harassment, or any other exploitation. PSC is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment where is it safe to ask questions including `how is institutional and systemic racism acting here`. Staff satisfaction survey outcomes evidence a positive work environment.</p> <p>Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff learned about institutional racism, how to recognise this and how to identify clinical biases.</p> <p>Staff are educated on how to value the older person showing them respect and dignity. The family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. There are policies documented to deal with residents' property and finances.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with registered nurses, enrolled nurse and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short- and long-term objectives in the PSC Engagement with Tāngata Whenua policy that provides a framework and guide to</p>

		<p>improving Māori health and leadership commitment to address inequities. Presbyterian Support Central has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that promote wellbeing for Māori.</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 related to the service and what to expect is provided to residents and family/whānau on admission. Quarterly residents and family/whānau meeting minutes 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 or next of kin of any accident/incident that occurs. All correspondence with family/whānau is documented in the residents file and is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with residents and family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak English.</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 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 service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand Te Whatu Ora Capital Coast and Hutt Valley specialist services (including physiotherapist, clinical nurse specialist for wound care, diabetic nurse, geriatrician, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The clinical nurse manager described an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if</p>

		<p>required.</p> <p>There are emails and various regular newsletters distributed to residents and family/whānau to keep them inform on matters within the facility and organisation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies to guide informed consent. The resident files reviewed included informed consent forms signed by the resident or their powers of attorney (EPOA). There are general consent forms and forms for Covid-19 and flu vaccinations were also on file where appropriate. Family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance care planning policy implemented.</p> <p>Care staff interviewed could explain how residents are provided with choice and how their own decisions are respected.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance care directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were in resident files where this was 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</p>	<p>FA</p>	<p>The complaints procedure is provided to relatives on entry to the service. The home manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes (for example staff related, property related, quality of care) in the complaint register.</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>There was no complaints logged in 2023. One complaint was lodged in 2024 related to care and treatment. The complaints logged include an investigation, follow-up, and replies to the complainant. The complaints process links to the advocacy service. The complaint is closed off.</p> <p>The time frames of the complaints process meet the HDC guidelines. Staff are informed of complaints (and any subsequent corrective actions) through various meetings (meeting minutes sighted).</p> <p>One HDC complaint logged in December 2022 remains open. All the requested information was sent to HDC in January 2023 within the required timeframe. No further updates from HDC was received since then.</p> <p>Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available throughout the facility. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau making a complaint can involve an independent support person in the process if they choose. The home manager explained how the complaints process works equally for Māori. The complaints form within the electronic system captures ethnicity data. Family/whānau interviewed stated the registered nurses are very approachable and always available to them.</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>Longview Home is located in Wellington and part of Presbyterian Support Central Region. The service provides care for up to 59 residents at rest home level of care and hospital level care (medical and geriatric). On day one of the audit, there were 57 residents: 13 at rest home level of care (including one on a young person with disability contract [YPD]) and 44 at hospital level care (including eight funded by Accident Compensation Corporation [ACC] and one on a long term support chronic health contract [LTS-CHC]). All other residents were under the age-related residential care agreement (ARRC). All rooms are used as dual purpose rooms; however, due to a lack of historic information the audit agency requested the dual purpose rooms to be verified at this audit.</p>

		<p>All 59 rooms are single occupancy and verified at this audit to be suitable as dual purpose rooms.</p> <p>The Chief Operating Officer (COO) for Enliven and Family works were interviewed and they explained the PSC strategic direction. There is a PSC Board with a chair and three board members. There is Pasifika and Māori representation on the board. The roles and responsibility framework for the Board are documented in the Trust Charter. The Board receives monthly reports related to all aspects of service delivery from the senior leadership team (general manager [GM] property, Chief Financial Officer [CFO], Chief Operating officer (COO) and GM Business services and sustainability. There are sub committees to oversee aspects of service delivery and include a Property Committee, Audit and Risk Committee and Disbursement Committee.</p> <p>There is an Enliven Central strategic plan (2022-2025) is in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative that aims to promote positive ageing. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. There are short- and long-term objectives in the PSC Engagement with Tāngata Whenua policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities.</p> <p>Longview Home business plan 2024 includes a mission statement and operational objectives with site specific goals. The home manager reports to the regional manager and business and quality goals are reviewed monthly. The business plan reflects strategies to collaborate with Māori and aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is Māori representation on the board and a cultural advisory group that provide advice to the board in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The cultural advisory group have input into policy development. The board members completed Mauri Ora orientation. The board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>Clinical governance is provided by the audit and risk committee. The</p>
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		<p>Clinical Director (interviewed) is responsible to provide clinical oversight with support from four senior clinical advisors and the audit and risk committee. The quality programme links to the strategic plan and Longview Home's business plan. Improvements are made where deficits are identified in the service delivery.</p> <p>There has been no changes in management since the last audit. The home manager (HM) is a registered nurse and has been in the role for five years. The home manager is supported by an experienced clinical nurse manager (CNM).</p> <p>The HM and CNM have completed in excess of eight hours of training related to managing an aged care facility.</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>Longview Home is implementing a combined quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data are critically analysed for comparisons and trends to improve health equity. The home manager provided an example of a report that is generated for this purpose.</p> <p>There is a monthly and annual meeting schedule available; quality(clinical) meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control, complaints received (if any), cultural compliance, staffing, and education. There are regular meetings to ensure information is shared. Progress with the quality programme/goals has been monitored and reviewed through the monthly meetings.</p> <p>Internal audits, meetings, and collation of data were documented as taking place. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality notice boards, located in the staff room and nurses' stations.</p> <p>Enliven benchmarks quality indicator data against other Presbyterian</p>

	<p>Support regions. Quality initiatives including the reductions of polypharmacy is documented and progress monitored and recorded at regular intervals.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency package that staff completes as part of their mandatory training days and ongoing training on the electronic education platform.</p> <p>The 2023 resident and family/whānau satisfaction surveys indicate that both residents and family/whānau have reported satisfaction with the service provided. Results have been communicated to family/whānau and residents as evidenced in family/whānau and residents` meetings (meeting minutes sighted). This survey has not identified any improvements required.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets monthly. There are health and safety representatives and they have completed formal health and safety training. Hazard identification forms and an up-to-date hazard register had been reviewed in August 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses` stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form in the electronic system. There were minor staff injuries reported in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A PSC physiotherapist provide support. Electronic reports are completed for each incident/accident, with</p>
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		<p>immediate action noted and any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager and clinical coordinators.</p> <p>Discussions with the home manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three sections 31 required to be completed for Longview Home related to RN shortage (two in July 2023 and one in November 2023) and two in 2024 related to resident behaviour. There were no notifications to the Health Quality and Safety Commission.</p> <p>There had been one Covid-19 outbreak documented (since the last audit and no other outbreaks. It was appropriately notified, debriefed and managed.</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. 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>FA</p>	<p>There is a staffing and skills mix policy that describes rostering. The roster provides appropriate coverage to meet the clinical and cultural needs of the residents. The service is currently fully staffed. The home manager is a registered nurse and works full time Monday to Fridays to oversee the day to day operations of the facility. They are supported by an administration manager/receptionist. In the absence of the home manager the facility is overseen by the clinical nurse manager with support from the senior clinical advisor and the clinical director.</p> <p>The CNM with support from the two part time clinical coordinators provide clinical oversight at Longview Home. The CNM weekend works Monday to Fridays and the clinical coordinators share the roster and provide weekend leadership.</p> <p>The registered nurses, enrolled nurse and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on</p>

	<p>duty 24/7. There are two RNs on morning and afternoon shift (excluding the CNM and clinical coordinators). The night RN is supported by three HCAs.</p> <p>Interviews with staff confirmed that their workload is manageable. Challenges arise when staff call in sick and is unavailable; however, a six week roster reviewed confirmed all absences were backfilled as required. There is an on-call policy and roster. On call is covered by the clinical nurse manager and clinical coordinators. The PSC Enliven GP is available for support.</p> <p>Staff and family/whānau are informed when there are changes to staffing levels as evidenced in meeting minutes and newsletters. Residents and family/whānau stated call bells are answered in a timely manner.</p> <p>There are separate cleaning, laundry, recreation and kitchen staff to perform their duties.</p> <p>There is an annual education and training schedule being implemented. The annual and three-year rotational compulsory training programme is overseen by the CNM. The education and training schedule lists compulsory training which includes cultural awareness training. All staff completed cultural training to reflect their understanding of providing safe cultural care, Māori world view, response to equity and the Treaty of Waitangi. The training content provided resources to staff to encourage to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through the Health New Zealand Capital Coast and Hutt Valley, hospice, Aged Concern and the Stroke Foundation.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-one HCAs are employed. Longview Home support staff to achieve a qualification supported by the New Zealand Qualification Authority (NZQA). Thirty-five HCAs have achieved a level three or level four NZQA qualification.</p> <p>A competency assessment policy is being implemented. All staff are</p>
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		<p>required to completed competency assessments as part of their orientation. All HCAs are required to complete annual competencies in hand hygiene, correct use of PPE and moving and handling. A selection of the HCAs complete medication competency and second checker competency. A record of completion is maintained on an electronic register.</p> <p>Additional RN/EN specific competencies include subcutaneous fluids, and interRAI assessment competency. Five of nine RNs (including the two clinical coordinators) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. Registered nurses complete Enliven professional and clinical training modules including HDC case studies, critical thinking and reflective practice at peer review sessions. The PSC intranet has extensive resources (Pae Ora) relating to Māori health equity data and statistics available to staff. There are several volunteers and all received site specific orientation.</p> <p>Local Employee Assistance Programme (EAP) are available to staff that support staff to balance work with life. Interviews with staff confirmed staff feel supported in their roles.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Nine staff files were reviewed (three RNs [including two clinical coordinators and one CNM], three HCAs, one recreational team leader, one cook, one laundry assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, EN, GPs, pharmacy, physiotherapy, podiatry and dietitian). There appraisal policy is implemented and all staff who had been employed for over one year have an annual appraisal</p>

		<p>completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs, EN and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used. An orientation programme and policy for volunteers are in place. 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. Wellbeing support is provided to staff.</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 electronic format. 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. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The manager and clinical nurse manager (registered nurse) screen the prospective residents.</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>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The home manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, capturing ethnicity, which is shared with head office,</p> <p>The service receives referrals from the NASC service, Health New Zealand Capital, Coast and Hutt Valley and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Longview Home and include the Enliven philosophy which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and whānau-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff who identified as Māori, and the service currently engages with local Māori community organisations and marae in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau when they enter the service.</p>
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<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed; five hospital – including one ACC, and one on a long-term support chronic health contract (LTS-CHC); and three rest home level of care, including a young person with a disability (YPD). The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact forms. The service has a process for supporting Māori and family/whānau to identify their own pae ora outcomes in their care or support plan should they enter the service. The service implements the Eden Alternative 10 core principles and 7 domains of wellbeing, with the aim of creating a community where the residents have companionship, variety, fun, a sense of belonging, meaningful activity, and purpose. The resident care plan and integrated records evidence the implementation of this philosophy.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include dietary details, emotional needs, spirituality, falls risk, pressure area risk, skin, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all residents excluding the ACC, LTS-CHC, and YPD residents who had comprehensive system-based assessments and support plans in place. Evaluations were completed six monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely twice weekly and provides out of hours cover. The GP (interviewed) commented positively on the exceptional care, and organised</p>
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	<p>approach of the nursing staff during their association with the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service contracts with a physiotherapist who attends monthly, and a podiatrist visits every six to eight weeks. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Health New Zealand Capital, Coast and Hutt Valley.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by HCAs and the registered nurses. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with the GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>There were five current wounds including skin tears, and blisters. All wounds reviewed had comprehensive wound assessments including photographs to show healing progress. An electronic wound register, and wound management plans are available for use as required. There is available input from the Health New Zealand Capital, Coast and Hutt Valley wound nurse specialist when required. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and</p>
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		<p>continence products identified for day use and night use.</p> <p>Healthcare assistants and the nurses complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated electronic resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs a recreation team leader (diversional therapist in training), and two recreation officers (one is a diversional therapist), who lead and facilitates the activity programme seven days per week. A weekly activities calendar is posted on the noticeboards and whiteboards throughout the facility. The activity team are supported by a number of volunteers, including involvement in community initiatives that meet the health needs and aspirations of Māori and whānau.</p> <p>Group activities are provided in the communal areas, a dedicated activities lounge, in seating areas and outdoors in the gardens when weather permits. Group activities are varied to meet the needs of both higher functioning residents and those that require more assistance. Individual activities are provided in resident's rooms or wherever applicable. On the days of the audit, residents were observed being involved with a variety of activities, including the care of the facility's pets. The group activities programme is developed monthly and published weekly.</p> <p>The recreation team leader interviews each newly admitted resident on or soon after admission and takes a social history. This information is then used to develop an activities plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation</p>

		<p>process.</p> <p>A record is kept of individual resident's activities and monthly progress notes completed. The resident, family/EPOA as appropriate is involved in the development of the activity plan. There is a wide range of activities offered that reflect the residents' needs. Participation in all activities is voluntary.</p> <p>Themed days such as Matariki, Waitangi, Anzac Day and the Queen's jubilee are celebrated with appropriate resources available. Cultural themed activities are integrated into the activities programme and include hymns and quizzes utilising te reo Māori. Staff and residents are encouraged to use te reo and the facility has everyday Māori words and their meanings prominently displayed in resident areas. Crafts related to the Māori culture are included in the programme with examples of harakeke weaving and poi making given.</p> <p>Families/whānau interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys.</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>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (registered nurses, enrolled nurse and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys and medication room. The medication fridge and medication room temperatures are monitored weekly, and the temperatures were within</p>

		<p>acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three monthly and each drug chart has a photo identification and allergy status identified. No standing orders were in use and no vaccines are kept on site. There were no resident self-administering medicines at the time of audit; however, there are appropriate processes, approval methods, and safe storage available when required.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with Māori residents to ensure the appropriate support is 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 and baking are prepared on site. Meals are prepared in the main kitchen and transported to the kitchenettes in each wing in heated scan boxes. The food is then transferred into bain-maries in each area where HCAs serve the residents.</p> <p>There is a food services manual in place to guide staff and a current food control plan expiring 23 January 2025.</p> <p>A resident nutritional profile is developed for each resident on admission and is provided to the kitchen by the registered nurses. The kitchen can meet the needs of residents who require special diets. Kitchen staff have completed food safety and chemical safety training. The cook follows a five-week seasonal rotating menu, which has been reviewed by the contracted company's dietitian. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes specific to Māori residents are included in the menu. Family/whānau are encouraged and supported to provide cultural dishes where required or requested. The</p>

		<p>cook provides dishes related to the activities theme days particularly during cultural theme months and celebrations.</p> <p>The cook (interviewed) was able to describe alternative meals offered for residents with dislikes and food is fortified for residents with weight loss. The kitchen is well equipped, and temperatures of refrigerators, freezers and cooked foods are monitored and recorded and are all within safe limits. There is special equipment available for residents if required.</p> <p>All food is stored appropriately. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing. Residents and the family members interviewed were happy with the quality and variety of food served.</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>Discharges or transfers were coordinated in collaboration with residents 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 residents (if appropriate) and family/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies where indicated or requested.</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</p>	PA Low	<p>The building holds a current building warrant of fitness (expires 21 March 2025). There is a contracted maintenance person as required. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily by management and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of all electrical and clinical equipment, resident equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in June 2025.</p> <p>Contractors are utilised to maintain the gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>There are a mix of rooms with ensuites and shared communal toilet/bathrooms. There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. All bedrooms have hand basins. Residents interviewed noted their privacy is assured when staff are undertaking personal cares. Fixtures, fittings, and flooring are appropriate; however, there are two areas where the flooring needs remediation. Toilet/shower facilities are easy to clean.</p> <p>All rooms are single occupancy. There is sufficient space in the room to use mobility equipment. There are a mix of rooms with shared ensuite, and other rooms have basins. There are toilet and bathroom facilities within close proximity to the rooms.</p> <p>Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit. Due to lack of historic information on the dual purpose beds; the audit agency requested a verification of the 59 dual purpose beds. The 59 beds were verified as suitable as dual purpose beds.</p> <p>There are several lounge areas, sitting rooms and library nooks throughout the facility. There is a main lounge/diner, with access to a central courtyard with garden areas and covered seating. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating.</p> <p>The service is still in the process of the last equipment instalments in</p>
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		<p>the sluice rooms. Māori staff and representatives ensure that consideration was given to reflect cultural appropriateness. This reflected in the documented risk management plan in relation to the use of commode chairs within the rooms and the sluicing of commode pans.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that 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 drill taking place 28 March 2024. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. A contracted service provides checking of all facility equipment including fire equipment. The facility is well prepared for civil emergencies and has civil defence kits (readily accessible) that are checked monthly. There are adequate supplies in the event of a civil defence emergency including food, water (20,000 litre water tank), blankets, torches, batteries, and radio.</p> <p>There is a backup generator on site, barbeque, and gas bottles for alternative cooking source. Emergency lighting is checked. The staff interviewed were able to describe the emergency plan and how to implement this. Fire training and security situations are part of orientation of new staff. A minimum of one person trained in first aid is on site at all times. There are call bells in the residents' rooms and lounge/dining areas. Residents were observed to have their call bells in close proximity.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally, and a contracted service provides twice nightly checks externally.</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>A clinical coordinator oversees the infection control and prevention programme and AMS across the service with support from the nurse consultant. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the senior clinical advisors, clinical director and infection control committees at each site. Infection control audits are conducted.</p> <p>Infection and AMS matters are raised at monthly quality and staff meetings. Infection rates are presented at staff meetings and discussed at quality meetings. Infection control data is also reviewed by the regional managers and benchmarked against other PSC central facilities and externally with other aged care groups. Infection control and AMS is part of the business and quality plans. The governing body receive reports on progress quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with IP and AMS on a monthly basis. Significant events related to infections and antibiotic use are reported to the Audit and Risk Committee.</p> <p>The service also has access to an infection prevention clinical nurse specialist from the Health New Zealand Capital, Coast and Hutt Valley for advice and continue with an organisational wide approach to minimise their exposure to 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</p>	<p>FA</p>	<p>The designated infection control (IC) coordinator is a registered nurse and has been in the role for nine months. They are supported by the senior clinical advisors, clinical nurse manager and clinical director. The infection control programme links to the quality programme, Enliven strategic plan and Longview Home business plan. The programme is reviewed annually.</p>

<p>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>The IC coordinator has completed formal infection control training. There is good external support from the GP, laboratory, and the PSC senior clinical advisors. There are outbreak kits readily available and personal protective equipment (PPE) cupboard to support management of a pandemic or outbreak. There are supplies of extra PPE equipment as required. Stock is regularly checked against stock numbers and expiry dates. The IC supported by the clinical nurse manager are involved in procurement of high-quality consumables including PPE and wound dressing products.</p> <p>The infection control policy outlines an approach to antimicrobial stewardship, pandemic planning, infection prevention and control standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the clinical director in consultation with infection control coordinators and senior clinical advisors. Policies are available to staff. Healthcare assistants and nurses ensure that their interactions with patients are safe from the infection prevention standpoint through hand hygiene and the use of aseptic techniques to minimise the risk of HAI.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Single use items are not to be reused or remanufactured. The cleaning and environmental audits evidence the service assess that these procedures are carried out. The effectiveness of disinfection and cleaning methods related to the high use of commodes (chairs and pans) have not been monitored (link 5.5.5). The policies acknowledge importance of te reo information around infection control for Māori residents. Information is available and accessible to staff to provide to residents when required. Cultural safe practices and cultural considerations are included in the infection control programme.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan.</p> <p>Staff have completed annual infection control training including hand</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and provide guidance on monitoring of compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial use and the effectiveness is monitored by the Enliven GPs.</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>Infection surveillance is an integral part of the infection control programme and is described in the PSC Longview Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly and annually. Infection control surveillance is discussed at quality meetings. Any infections of concern is discussed and escalated to the Audit and Risk Committee. The service is incorporating ethnicity data</p>

		<p>into surveillance methods.</p> <p>Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand Capital, Coast and Hutt Valley for any community infection concerns.</p> <p>All residents with infections have a documented short term care plan with appropriate interventions documented. Residents and family/whānau are kept informed of the progress on any infections.</p> <p>Since the last audit there has been one Covid exposure event in December 2023 where a number of residents were affected. Outbreak reports and debrief meeting minutes sighted. All have been reported appropriately, risk management systems were put in place to minimise the exposure to other residents, staff and public.</p> <p>Visitors are asked not to visit when unwell.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Low</p>	<p>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 and on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. There are not yet a lock on the cupboards in the sluice rooms (note there were no chemicals stored in the sluice rooms on the days of the audit) (link 4.1.2). Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two newly refurbished sluice rooms in the main corridor with a sanitiser/s, stainless steel bench and a sink for handwashing. One sluice room`s floor needs remediation (link 4.1.2). There are goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of all chemicals.</p> <p>There is a laundry manual available. All laundry is processed at</p>

		<p>Longview Home. There is a clear clean and dirty flow within the laundry. Laundry chemicals are automatically dispensed. The machines and dryers are serviced by an approved contractor. The laundry service is provided seven days a week. A laundry assistant is responsible for the laundry process of dirty linen and the management of clean laundry. The linen cupboards were well stocked and linen sighted were in good condition. Cleaning and laundry services are monitored through the internal auditing system; however, the effectiveness of the outcomes documented in the risk management plan) developed and dated August 2024) have not yet been monitored for effectiveness.</p> <p>The infection control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. The restraint coordinator described ways the service works in partnership with Māori, to promote and ensure services are mana enhancing if restraint was being considered in the facility.</p> <p>The designated restraint coordinator is the clinical nurse manager. At the time of the audit, the facility was restraint-free. The use of restraint (if any) would be reported in the clinical, staff and quality meetings. The restraint coordinator interviewed described the focus on restraint elimination and maintaining a restraint free environment.</p> <p>Restraint elimination is included as part of the mandatory training plan and orientation programme.</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 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>The facility has recently refurbished the two sluice rooms in the main corridor. On the day of the audit, the contractors were still busy within the sluice areas with checking equipment. The sluice nearest to the reception is fully operational and has a sliding door that is difficult to open. There were no chemicals stored within the sluice areas and all chemicals were temporarily stored on the cleaner’s trolley that is locked away when not in use. Observation of both sluice rooms evidence, chemicals (when in use) cannot be securely stored within the sluice. The flooring is appropriate throughout the facility; however, the linoleum in the sluice (nearest to the reception) and in the in the laundry is lifting and in need of repair.</p>	<p>(i). The door of the sluice room nearest to the reception is difficult to slide open.</p> <p>(ii). Chemicals cannot be securely stored within the sluice rooms.</p> <p>(iii). The linoleum in the laundry (below the washing machines) and in sluice one (area by drainage pipe) are lifting and expose the underfloor.</p>	<p>(i). Ensure the door of the sluice nearest to reception is repaired.</p> <p>(ii). Ensure the sluice rooms are secure or the cupboards within the sluices have locks.</p> <p>(iii). Ensure the areas where the linoleum is lifting is repaired.</p> <p>90 days</p>

<p>Criterion 5.5.5</p> <p>Service providers shall ensure that the IP role has – or IP personnel have – oversight of the facility testing and monitoring programme for the built environment.</p>	<p>PA Low</p>	<p>The infection control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities. There is a documented risk management plan to manage the infection risk related to a high volume commode equipment in use. The risk management plan dated August 2024. The risk management plan include monitoring of effectiveness of the risk management plan in relation to transport, disinfection and cleaning of the high volume of commode bowls and chairs within the rooms.</p>	<p>Monitoring of the effectiveness of the procedures stated in the risk management plan related to the high use of commodes have not yet been implemented.</p>	<p>Ensure that the outcomes of the risk management plan to manage the infection risk of transporting high volume commode pans/equipment across the facility is included in the regular internal audit schedule to monitor effectiveness.</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.