

St Andrew's Village Trust (Incorporated) - St Andrew's Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	St Andrew's Village Trust (Incorporated)
Premises audited:	St Andrew's Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 September 2024 End date: 19 September 2024
Proposed changes to current services (if any):	St Andrew's Village has temporarily closed off four bedrooms following a fire on 28 March 2024.

The partial provisional audit identified a total of 159 beds. This audit has verified 139 beds in total with the Stirling and Braemar wings (10 dementia beds in each) now closed. The refurbished dementia unit has now been opened with a total of 28 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 129

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

St Andrew's Village provides rest home, hospital and dementia level care for up to 139 residents, including the care centre and the care suites. On the day of the audit, there were 129 residents including full occupancy in the care suites.

The service is managed by the CEO and the executive management team. There is a Trust board with subcommittees that monitor service delivery and provide advice and support to the CEO. The residents and relatives interviewed spoke positively about the care and support provided. Resident and family/whānau satisfaction survey results shows high satisfaction with the services provided.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and family/whānau; and interviews with staff, management, and the general practitioner.

All four audit findings from the previous partial provisional audit have been addressed in the dementia unit. These were to the following:

Dementia unit: Approval from the funder for a 28-bed dementia unit; the building warrant of fitness/code of compliance; fire evacuation scheme; completion of the seven beds and small lounge from the Henry Campbell secure dementia unit that has been added to the 21-bed secure refurbished dementia unit.

The service has completed the building, landscaping and furnishing of the care suites. The following shortfalls from the previous partial provisional audit have been addressed;

Care Suites: The completion of the reception area and nurses' station; completion of a walkway between the new building and the independent apartment area; completion of outdoor landscaping, seating, and shade; carpeting; furnishings; to the smart sensor system; operationalisation of wiring, water, and hoists; orientation and training for staff in emergency management in the new care suite apartment building.

There is an ongoing shortfall in regard to the approval of the evacuation plan for the care suites building.

There were two shortfalls identified at this surveillance audit in relation to resolving corrective actions and documentation of discussion of the infection control data and any improvements made.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
---	--	--

St Andrew's Village has a Māori health plan and a Pacific health plan and other relevant documents to fulfil their obligations and responsibilities under Te Tiriti o Waitangi. Individualized care is delivered with a specific emphasis on acknowledging and respecting the beliefs, values, and cultural backgrounds of each person.

Training on abuse and neglect is provided to staff. It was evidenced that the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) has been effectively implemented. Observations and evaluations during the audit underscore a commitment to upholding the rights and dignity of all residents. Informed consent processes are implemented. The complaints management process is implemented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

St Andrew's Village has an established quality and risk management programme. There is a comprehensive health and safety system in place with identified health and safety goals.

There is a Board with sub-committees that include finance and risk, clinical governance, strategy and innovation and property. The Board monitors performance of the company, with reports written by the management team for the board to discuss. The senior leadership and wider leadership team meet regularly to discuss key performance indicators, including quality and risk.

A significant number of staff maintain current first aid certificates so that there is always a first aider on site. Staff employed are provided with orientation and ongoing support through training. There is an extensive training programme within the service with comprehensive records retained and a high rate of participation. Staff coverage is maintained for all shifts.

Ngā huarahi ki te ora | Pathways to wellbeing

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

The registered nurses, general practitioners and the nurse practitioner assess residents on admission. The service works in partnership with the residents, their family/whānau and enduring power of attorneys to assess, plan and evaluate care. Care plan interventions were individualised and appropriate for all residents. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

There is a safe medication management system in place. Medicines are safely stored. The organisation uses an electronic system for prescribing and administration of medications. Medication reviews were completed in a timely manner.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. Nutritional snacks are available over a 24-hour period. Residents verified satisfaction with meals.

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

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

The building warrant of fitness was completed. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. The care centre has an evacuation plan approved by Fire and Emergency New Zealand services.

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.

The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. Staff completed training around infection prevention and control.

The infection surveillance programme is implemented. Surveillance of all infections is reported on a monthly infection summary and action plans are implemented. This data is monitored monthly, six monthly and annually.

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.

There are restraints currently in use at St Andrew's Village. The governance body are committed to eliminating the use of restraint. Restraint minimisation 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	16	0	3	0	0	0
Criteria	0	49	0	3	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>	FA	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. St Andrew's Village is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident's care plan and evidenced in practice. The service has access to cultural support and advice when required. Comprehensive cultural assessments are completed for residents who identify as Māori.</p> <p>Staff (three registered nurses, six clinical assistants, one physiotherapist, one human resource assistant, three maintenance, one administration manager, one education/training coordinator, three nurse managers) and managers (CEO, director of care, board chairperson, clinical manager, human resource (HR) manager, facility manager (maintenance) confirmed that the staff have completed cultural safety training and are proficient in discussing principles of Treaty of Waitangi and applications within their roles. A quality and risk consultant was also interviewed.</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>	FA	<p>The service has a current Pacific health plan. This document guides staff on how Pacific people who engage with the service are supported. Currently, there are Pasifika staff members at the facility. Staff</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>demonstrated an understanding of Pasifika culture, its relevance to their policies, and were knowledgeable about how to access community support for Pasifika individuals. Care staff stated that they would also get support from their colleagues who identify as Pasifika if needed.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and there is an opportunity for residents and their family/whanau to discuss aspects of the Code during the admission process. Interviews with seven family/whānau (two from the dementia unit, five requiring hospital level of care) and eight residents (three from the rest home and five from the hospital) confirmed that they received information at admission which included the Code. Posters in large print featuring the Code and information on advocacy are prominently displayed across the facility in both English and te reo Māori. Both residents and family/whanau are briefed on the extent of services provided and any financial responsibilities for services not covered under the scope, all of which are detailed in the service agreement.</p> <p>All managers have an open-door policy that allows for the opportunity for residents to express their preferences with respect to areas such as food, activities, and where they prefer to spend their time within the facility. If any issues are raised by residents, then they are promptly addressed and followed up on as confirmed by residents interviewed.</p> <p>Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</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>	FA	<p>St Andrew's Village has implemented a comprehensive training program for all staff, focusing on ethics and the importance of maintaining professional boundaries. This training is updated regularly to address emerging issues and reinforce the facility's zero-tolerance policy towards any form of abuse or discrimination. The effectiveness of this training is</p>

As service providers: We ensure the people using our services are safe and protected from abuse.		<p>evident in the consistently positive feedback from resident and family satisfaction surveys, which highlight the respectful, compassionate care provided by the staff.</p> <p>Residents and family/whānau stated that they can discuss any issues or concern with a manager at any time. Measures, alongside the policies and procedures already in place, demonstrate the facility's ongoing commitment to creating a safe, inclusive environment that respects the dignity and rights of all individuals in its care. There is no evidence of any abuse or neglect as confirmed by managers, staff, and the general practitioner (GP) interviewed.</p> <p>Systems are established to oversee the personal finances of residents. Residents have the option to buy items from the facility's shop or have additional services and external purchases made on their behalf. The administrative staff maintain records of these transactions. Interviews with residents and family/whānau indicate that resident's financial and property rights are upheld, and professional boundaries are consistently observed.</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>	FA	<p>There are policies around informed consent. Resident files reviewed included completed general consent forms. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms of residents in the dementia unit were appropriately signed by the activated enduring power of attorney (EPOA). All documentation regarding enduring powers of attorney and activation is on file.</p>
Subsection 1.8: I have the right to complain	FA	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The director of care has</p>

<p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. St Andrew's Village has an up-to-date complaint register. Concerns and complaints are discussed at relevant meetings.</p> <p>There have been eight complaints made in 2023 and seven in 2024 year to date. Four complaints were reviewed and these, along with a review of the complaint register, showed that all complaints were managed in accordance with the HDC Code. All concerns were addressed promptly, and resolution was documented. Residents were informed of the outcome.</p> <p>Residents, and families/whānau stated that they have a variety of avenues they can choose from to make a complaint or express a concern. Interviews with the CEO, the director of care and the clinical manager confirmed their understanding of the complaints process. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available. There is an understanding that face to face meetings with whānau are preferred in resolving any issues for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>St Andrew's Village is a standalone Charitable Trust that is in Auckland. The previous partial provisional audit identified a total of 159 beds at St Andrews Village. This audit has verified 139 beds in total with the Stirling and Braemar wings (10 dementia beds in each) now closed. The refurbished dementia unit has now been opened with a total of 28 beds. The service currently provides care for up to 139 residents at rest home, hospital level care and dementia level of care. This includes 21 dual purpose care suites – full occupancy (16 rest home and five hospital); 30 beds in Marion Ross – full occupancy including five rest home, and 25 hospital residents (including one young person with disabilities [YPD], one short-stay [medical], one long term service – chronic health care [LTS-CHC]; 30 beds in Hector with 25 residents including 5 rest home residents (including two YPD), and 20 hospital (including one short-stay, one LTS-CHC, and one YPD); 27 beds in Douglas with 27 residents including three rest home residents (one YPD) and 24 hospital (including one YPD); Three designated palliative care beds with two occupied; 28 beds in Bruce (secure dementia unit) with occupancy of 24. All other residents were under the age-related residential care agreement (ARRC). All beds in the care centre (excluding the dementia unit) are dual purpose apart from</p>

		<p>three beds in Douglas that are for residents under a palliative care contract, and in Hector which has in the past had 10 beds identified as 'hospital'. This audit has verified the ten beds in Hector as dual purpose.</p> <p>There is a Board with eight trustees who have a variety of necessary skills and expertise that includes finance, business, technology and clinical. There are a number of sub-committees of the Board that include finance and risk, clinical governance, property, strategy and innovation, and a governance specialist (chair of the overarching Board). The chair of the clinical governance sub-committee was interviewed and described the structure of the Board, the commitment to developing clinical governance further, and the orientation process for new members. They confirmed that there is a roles and responsibility framework for the trustees which is documented in the Board Charter with a Board members skills matrix in place. The CEO reports to the Board and is ex-officio on specific sub-committees. The Board receives a monthly Board report from the CEO.</p> <p>St Andrew's Village has an overarching (2024-25) strategic plan in place with charitable goals values and strategic objectives documented. The strategic objectives for 2023-24 have been reviewed with the decision to roll these over to the current plan. The key value is to do the right thing. The goals are reviewed at management meetings and by the Board. An expert in risk has been contracted to support further development of the organisational risk management plan and risk register. A risk/hazard register is also documented with this identifying potential hazards, associated risks, control type, controls in place, risk assessment and person responsible. A report around the top risks and appetite is presented to the Board with a dashboard showing a top risk heatmap with inherent and residual risks.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The board chairperson confirmed a commitment to addressing barriers for Māori and to equitable service delivery for Māori and all residents. The Strategy and Innovation sub-committee of the board oversees the interpretation of te ao Māori for St Andrews Village to ensure that it is accurately and respectfully integrated into practice. The committee monitors the skill set of the board and staff to ensure that the cultural perspective is delivered, and members are involved in relationships with the local Māori community. The role of Te Ao</p>
--	--	--

		<p>Māori sub-committee is documented in the Strategy and Innovation Committee Charter. The board members either have or will attend cultural training to ensure they can demonstrate expertise in Te Tiriti, health equity, te reo and to cultural safety. The working practices at St Andrew's village are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha and Māori. The clinical governance structure for St Andrews Village includes the sub- committee of the board with the director of care providing leadership at an operational level. Reports from the clinical quality risk (CQR) committee are presented to the clinical governance group. The clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p> <p>The human resource (HR) manager stands in for the CEO if they are not available. The Director of Care (RN) oversees the clinical operations of the service. There is an executive team that further supports all aspects of the service and the executive team comprises of: HR Manager (2IC), Director of Care, CFO, IT Manager, Retirement Living Manager, Facilities Manager, Hospitality Manager and a Quality and Risk Consultant (as required).</p> <p>The chief executive officer interviewed has been in the role for over 12 years and was previously an accountant at St Andrews Village. The Director of Care (RN) has been in the role for 12 years and has many years' experiences in managerial roles in the health industry including aged care. The director of care is supported by a team of experienced registered nurses. The director of care has completed more than 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</p>	PA Low	<p>St Andrew's Village is implementing a well-documented 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. Quality indicators are documented, graphed, analysed and results discussed at the clinical governance meeting and at the doctors meeting held three to four monthly. Quality indicators discussed include infections and Covid-19 cases, deaths, admissions, occupancy, staff health and safety accidents/incidents, number of hours missed by registered nurses (RNs), wound care, ethnicity</p>

<p>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>of residents.</p> <p>There are a range of meetings including the one-two monthly executive meeting (CEO led), health and safety meeting, clinical quality and risk meetings, clinical RN meetings are held and monthly house meetings in each area facilitated by the nurse manager. Meeting minutes confirmed that discussions include quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Audit outcomes were reviewed, and required corrective action documented; however, meeting minutes did not always evidence resolution of corrective actions.</p> <p>Resident and relative surveys were undertaken three yearly. The last survey was completed in June 2023 and compared to the 2020 survey. Overall mean score for residents was 80.2 (n=36) and 85.8 for family (no=53). Most areas improved from the 2020 survey with a great improvement around staff interaction with residents and family/whānau. Residents and family/whānau also commented highly on quality of care, staff engagement and activities.</p> <p>There is a comprehensive health and safety system in place with identified health and safety goals. The health and safety committee meets two monthly with a wide range of topics covered including work related risks, opportunities for improvements, and topics related to staff, residents, and visitors' wellbeing. The hazard registers detail the risk and how each risk is mitigated and controlled. These are reviewed annually and were up to date with risks currently in the service. Contractor's sign into the village using an electronic sign in process and they are orientated to the facility prior undertaken their work.</p> <p>All resident incidents and accidents are recorded on the electronic system. Ten accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the relevant meetings and at handovers. Each event involving a resident reflected a clinical assessment and follow-up by the director of care or delegated to a nurse manager.</p> <p>Discussions with the director of care evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been five section 31 notifications completed to</p>
---	---

		<p>notify HealthCERT since the last audit. These were related to pressure injuries. A fire broke out on 28 March 2024 with the alarms and sprinkler systems activated. Emergency services arrived promptly with water damage to the rooms. All residents were quickly and successfully evacuated. All appropriate external providers were notified. Four rooms are currently being renovated. A root cause analysis was completed with recommendations implemented. Notification was sent appropriately of any infectious outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>St Andrews Village employs a total of 250 staff in various roles. The roster provides appropriate coverage for the effective delivery of care and support. The workforce has been stable. There is a full-time pm supervisor (RN) that is on site after hours. One nurse manager will cover weekends for support. In the absence of the clinical director the role will be supported by a Director of Care. The clinical director is available Monday to Friday. On call cover is shared between the clinical manager and nurse managers.</p> <p>There is a full-time clinical training/education coordinator (RN) employed to oversee the education and competencies of all staff. There is an annual education and training schedule being implemented for 2024. The education and training schedule lists compulsory training which includes cultural awareness training, dementia language skills, abuse and neglect, death and dying and infection control. Staff last attended cultural awareness training in 2023-24, and all staff completed a cultural competency to reflect their understanding of providing safe cultural care, Māori worldview and the Treaty of Waitangi. External training opportunities for personal care assistants include training through Health New Zealand, hospice, Age Concern, and the Stroke Foundation.</p> <p>The service supports and encourages personal care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighty-two clinical assistants are employed. The St Andrew's Village orientation programme ensures core competencies and compulsory knowledge/topics are addressed. One clinical assistant has achieved NZQA level 2, 16 clinical assistants have level 3, 65 clinical assistants have level four. All clinical assistants working in the dementia unit have achieved a level 4 NZQA qualification. Clinical assistants working in palliative care have</p>

		<p>achieved NZQA level four and palliative care training with Dove Hospice.</p> <p>A competency assessment policy is implemented. All staff are required to complete competency assessments as part of their orientation. All clinical assistants are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>All RNs (including the clinical managers and nurse managers) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. The clinical training coordinator made resources available relating to Māori health equity data and statistics to staff.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. A local Employee Assistance Programme (EAP) is available to staff that supports staff to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies and procedures in place, including recruitment, selection, orientation and staff training and development. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Employment records included signed code of conduct and house rules.</p> <p>A register of practising certificates is maintained for all health professionals. All staff files reviewed have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	FA	<p>Seven residents' files were reviewed. These included three hospital level of care including two in the care centre building and one in the care suites building, two rest home level of care including one in the care suites building and one in the care centre building and two dementia level of</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>care. The registered nurses (RNs) are responsible for completing the admission assessments, care planning and care plan evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents, enduring power of attorney (EPOA) and family/whānau where appropriate, with resident's consent. The social history questionnaire used include consideration of residents' lived experiences, cultural needs, values, and beliefs. Initial interRAI assessments and long-term care plans were completed within three weeks of an admission.</p> <p>The Māori health care plan utilised when required includes healing methodologies, such as karakia, rongoā and spiritual assistance. The Māori health care plan supports kaupapa Māori perspectives to permeate the care planning process, and support residents, whānau as applicable to identify pae ora outcomes in their care and wellbeing. Residents confirmed that they can practice their culture as desired.</p> <p>A range of clinical assessments, referral information, observation and the pre admission assessments served as a basis for care planning. Residents, family/whānau and EPOAs confirmed they were involved in the assessment and care planning processes. The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for residents in the dementia unit and where applicable for other residents. Triggers were identified and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts.</p> <p>There were eight active wounds at the time of the audit, including skin tears and four pressure injuries. Wound management plans were implemented with regular evaluation completed. Referrals to wound management specialist and dietitian were completed, where required. The RNs confirmed that there are always adequate wound management supplies in stock and the nurse managers oversee the wound management in each house.</p> <p>Service integration with other health providers including medical and allied health professionals was evident in residents' records reviewed. Changes</p>
--	--

		<p>in residents' health were escalated to the general practitioners (GPs) and the nurse practitioner (NP) in a timely manner. Referrals to specialist services were completed, where required. Evidence of this was available in the residents' files sampled. Referrals sent to specialist services included referrals to the mental health services for older adults, eye specialist, wound care nurse specialist, urology, and radiology department. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The GP confirmed that medical orders were followed, and care was implemented promptly. Residents were transferred to other health care providers when required. The GP expressed satisfaction with the care provided.</p> <p>Medical assessments were completed by the GPs within two to five working days of an admission. Routine medical reviews were completed monthly and three-monthly. More frequent reviews were completed if required as determined by the resident's needs. Medical records were evident in sampled records. There is a contracted podiatrist who visits the service six-weekly, and an employed physiotherapist who completes assessments of residents and manual handling training for staff.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the clinical assistants. Resident's health changes were reported to the RNs and the nurse managers, as confirmed in the records sampled and in interviews with clinical assistants. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. All the files reviewed had current interRAI assessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed regularly as clinically indicated and signed off when the conditions resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, changes to the care plan were completed. Where there was a significant change in the resident's condition, a referral was made to the local needs assessment service coordination (NASC) team for reassessment for level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p>
--	--	--

		Residents and family/whānau confirmed their involvement in evaluation of progress, any resulting changes, and they confirmed satisfaction with the care provided.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and in line with current legislative requirements. A safe system for medicine management was in use. A registered nurse was observed administering medications safely and correctly in the dementia unit. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medicine was supplied to the facility from a contracted pharmacy.</p> <p>A total of 14 medicine charts were reviewed. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for pre re nata (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled.</p> <p>The service uses pre-packaged medication rolls. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. Medicine sampled for review were within current use by dates. Clinical pharmacist input is provided six-monthly and on request. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range. Opened eyedrops were dated. Appropriate processes were in place for the management of standing orders.</p> <p>There were residents who were self-administering medicine on the days of the audit. Appropriate processes were in place to ensure residents' self-medication administration was managed in a safe manner. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required.</p>

		The interviewed residents and family confirmed that they are advised of changes to medication.
<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>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preference were available in the kitchen folder. The menu follows summer and winter patterns in a four-weekly cycle. The current food control plan will expire on 10 May 2025.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Snacks and drinks are available for residents throughout the day and night when required. Family/whānau and residents interviewed indicated satisfaction with the food service.</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>Transfers and discharges are managed efficiently in consultation with the resident, EPOA, family/whānau and the GP. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident.</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</p>	FA	<p>The planned maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>records were within the recommended ranges. Reactive maintenance is carried out by the maintenance team and certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The care centre's building warrant of fitness that includes the refurbished dementia unit was current and will expire on 30 June 2025 and the building warrant of fitness for the care suites building will expire on 18 December 2024. The previous area of improvement (4.1.1) in relation to building warrant of fitness for the care centre has been addressed. The walkway between buildings, outdoor landscaping, seating, the sensor system has been completed. Carpet was installed in all areas of the care suites. hot water system was completed and functioning well, ceiling hoists were installed in all bedrooms. There is a kitchenette in each floor of the care suites building. The previous area of improvement in relation to criterion 4.1.2 has been addressed.</p> <p>The environment is inclusive of people's cultures and supports cultural practices. Residents can bring personal items to furnish their rooms.</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>	PA Low	<p>The care centre has an evacuation plan approved by Fire and Emergency New Zealand services. The fire system and alarm system for the care suites building has been changed post initial occupancy of the care suites. A staged evacuation system is in the progress of being completed. The approval of the evacuation plan for the care suites building is still pending and the shortfall (4.2.1) identified at the partial provisional audit remains open.</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</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and accepted best practice. The clinical manager is the infection control coordinator (ICC). They have had 15 years' experience at the service with five years as the</p>

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>ICC. Along with the expertise from the director of care and other nurse managers, the clinical manager advises staff on the management of infection control issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date with all staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice about remaining in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</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>	PA Low	<p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Advice around infection prevention and control matters is sought from the infection control specialist in Regional Public Health and by liaising with GPs or NP.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is meticulously collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. The data is reported; however, discussion of the data and any improvements at a RN and staff level are not well documented in meeting minutes including in the infection prevention and control meeting minutes. The infection control data captures information on ethnicity.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing PPE, as well as hand hygiene practices. Where necessary, corrective measures are taken (link 2.2.3).</p> <p>Covid outbreaks have been managed as per policy with two in 2023 and</p>

		two in 2024. Outbreaks are discussed at the clinical governance subcommittee of the Board and at the doctors meeting which is attended by the director of care.
<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>	FA	<p>The governance body are aware of their responsibilities in respect of restraint minimisation and seclusion-free environment. Restraint minimisation and safe practice is linked to the organisational quality and risk management strategies. Restraint information is presented in four-monthly restraint meetings chaired by the restraint coordinator and the director of care and shared with the board in monthly reports. The restraint coordinator described strategies in place to minimise and eliminate restraint including the use of alternative methods.</p> <p>At the time of the audit, there were nine residents using restraint. Staff have received education on dementia, challenging behaviour management, restraint minimisation, alternative cultural-specific interventions, and de-escalation techniques.</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)
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	There are a range of meetings where data related to quality and risk is tabled and discussed. The meeting minutes did not always show evidence of closure of the corrective actions raised.	Meeting minutes did not always evidence that corrective actions were closed out.	Show evidence that corrective actions are closed out when documented in meeting minutes. 90 days
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.	PA Low	The CEO and the Director of care stated that the evacuation plan for the care suites was approved initially prior to occupancy as verified in the email communication with Health New Zealand. The Director of care stated that an extension of time for completion of the emergency system was given by Health New Zealand. The extension was up until 2 October 2024. The fire and emergency system for the care suites require compliance certification. A	Approval of fire evacuation scheme for the care suites building was still pending at the time of the audit.	Ensure an approved fire evacuation scheme is available for the care suites building. 90 days

		date for inspection of the fire and emergency system was booked for 30 September 2024. Evidence of the initial approval by the local Council or Fire and Emergency New Zealand services could not be provided on the days of the audit.		
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	PA Low	<p>St Andrews Village has extensive data around infections. This is tabled at the infection prevention and control meeting. Discussion of the data is not well documented although staff and managers were able to describe discussion and improvements made because of analysis of data. Data is discussed at a governance level at the clinical governance subcommittee meeting and at the doctors meeting with the director of care attending.</p>	<p>There is a lack of detailed discussion of the data and any improvements made in service meeting minutes including the infection prevention and control meeting.</p>	<p>Document discussion of the infection control data and any improvements made e.g. in meeting minutes including infection prevention and control meeting minutes.</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, these 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.