

Victoria Glenfield Limited - Glenhaven 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:	Victoria Glenfield Limited
Premises audited:	Glenhaven Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 September 2024 End date: 20 September 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	19

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Glenhaven Home provides rest home level of care for up to 24 residents (note that there are 5 bedrooms that can accommodate two residents sharing a room). There were 19 residents on the day of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand- Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management and staff, and a general practitioner.

The service continues with internal refurbishments. There have been no changes to management since the last audit.

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

This certification audit did not identify any shortfalls.

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 are fully attained.

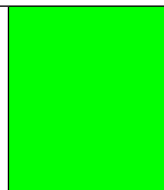
Glenhaven Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan with links to community providers for advice and support. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices which are then reflected in care plans.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

The strategic and business plan for 2023-2026 includes a mission statement, philosophy and goals. The quality plan is reviewed at frequent intervals with a full six-monthly review of service delivery completed along with quarterly review of the quality and risk

management programmes. Quality improvement projects are implemented. Internal audits, meetings, and collation of data are all documented as taking place as scheduled with corrective actions resolved in a timely manner. A health and safety programme is being implemented. The clinical manager is the designated health and safety coordinator. Hazards are identified with appropriate interventions implemented.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The facility manager and clinical manager efficiently manage entry processes. The registered health professionals and the general 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 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.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medication management system in place. Medicine is safely stored and administered by staff with current medication administration competency. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner was responsible for all medication reviews.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. The service has an approved food control plan and a current menu in use. Residents confirmed 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.		Subsections applicable to this service are fully attained.
---	--	--

Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating and meet the needs of people with disabilities. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and are conveniently located. Systems and supplies are in place for essential, emergency and security services.

Testing, tagging, and calibration of equipment is completed as required. There is a current compliance schedule in place. Fire and emergency procedures are documented. Trial fire evacuations are conducted. There is a current building warrant of fitness in place. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Security is maintained to safeguard residents and staff.

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

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

Subsections applicable to this service are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing annual in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been no outbreaks documented or reported since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. 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. Laundry services are provided on site.

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 are fully attained.
---	--	--

The service aims to maintain a restraint free environment. This is supported by the management team and policies and procedures. There was no restraint in use at the time of the audit. Maintaining a restraint-free environment is included as part of mandatory education and training plan. Staff demonstrated a sound knowledge and understanding that only approved restraint will be used as a last resort. The service considers the least restrictive practice, de-escalation techniques and alternative interventions when required.

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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>The facility manager, clinical manager and their team are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained. The service has links with a kaupapa Māori service that provides regular activities and support for residents at Glenhaven Home. The managers and staff also have links with the Glenfield College Māori cultural club and with a named contact from Awataha marae. The service also links into other Glenfield community and cultural groups including Te Puna Hauora and the Bayview Community Centre.</p> <p>Glenhaven Home is committed to providing a service that is responsive and inviting for Māori. The service does not have staff who identify as Māori but actively seeks to employ more Māori staff members. Staff were observed to be actively involved with residents who identify as Māori, learning and speaking te reo Māori and putting</p>

		<p>tikanga Māori into everyday practice. Representatives from te Puna Hauora come fortnightly to the service to provide activities and to support managers and staff.</p> <p>Six residents and two family/whānau interviewed reported they are involved in providing input into the resident's care planning, activities and their dietary needs. A resident who identified as Māori stated that their cultural needs were well supported. This was also upheld in a letter to the facility from family/whānau who had glowing praise for the way in which the managers and staff provided holistic cultural support.</p> <p>One facility manager, one clinical manager, one registered nurse (RN), two health care assistants (HCA), the cook and an activities coordinator were interviewed. They described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access and reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family/whānau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika at the time of the audit. Individual cultural beliefs are documented in each resident's care plan and activities plan. Family /whānau of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The facility manager stated that they actively encourage and support any staff that identifies as Pasifika during the interview process. There were no staff that identified as Pasifika at the time of the audit. The service has links with a Pasifika external service that provides onsite</p>

		activities for residents where spiritual care and support for social needs are provided.
<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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed at reception. Details relating to the Code are included in the information provided to new residents and their family/whānau. The facility manager, clinical manager or registered nurse (RN) discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the three-monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the information pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake; self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>An advocate from the Health and Disability Nationwide Advocacy Service attends the resident and family/whānau meetings at intervals during the year.</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</p>	FA	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The resident and family/whānau satisfaction survey results (August 2024) confirmed that residents are treated with respect. This was also confirmed during interviews with residents and</p>

<p>experiences.</p>		<p>family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their personal choices, values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Five resident files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in a range of locations throughout the facility. Training around Te Tiriti o Waitangi, equity and tikanga Māori is provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to. Residents are supported and encouraged to participate in te ao Māori as evidence in the activities programme.</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>The House Rules are discussed during the new employee's induction to the service with evidence of staff signing the document when they start in the service. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. Staff are very conscious about discrimination and racism with most having come to New Zealand from other countries.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. A review of resident care plans identified goals of care included interventions to promote positive outcomes. Care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify and manage any reports of abuse and neglect. Staff are educated on how to value the older person, showing</p>

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

		<p>and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions and opportunities for further discussion, if required.</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 around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Each resident has their own room. The facility manager stated that the double rooms would be only used for a married couple or partners who requested this. The facility manager also confirmed that any resident utilising a double room would give their informed consent, agreeing to having a shared room with other residents. Residents are screened for suitability prior to sharing a room. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance 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 residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available.</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</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau on entry to the service and is available in English and te reo Māori. The facility manager is responsible for maintaining the complaints register and manages all complaints. There has been one complaint made in 2024 that was resolved immediately. The complaint</p>

<p>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>reviewed included evidence of acknowledgement, investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. There have been no complaints from external agencies. Discussions with residents and family/whānau confirmed they are provided with information on complaints; with complaints forms and advocacy brochures being available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through an advocate). Resident and family/whānau meetings are held three-monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management team and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures. Residents and family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The facility manager and clinical manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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>Glenhaven Home is located in Auckland and provides care for up to 24 residents at rest home level of care, noting that of the 19 rooms, five bedrooms are able to be occupied by couples. On the day of the audit, there were 19 residents. One resident was funded through a Long-Term Service – Chronic Health Care contract (LTS-CHC) and one resident on respite care. All other residents were funded through the aged related residential care services (ARRC) agreement.</p> <p>The facility is owned by two directors. The directors currently own and operate two other aged care facilities in the Auckland area. The directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori. The director (owner) meets with the facility manager (owner) daily to review operations and progress towards meeting the business objectives. The director is experienced in the aged care sector and knowledgeable around the legislative and contractual requirements.</p>

	<p>Discussions with the facility manager and clinical manager reflect their input in organisational operational policies and the provision of equitable delivery of care.</p> <p>A strategic and business plan for 2023-2026 is in place and this has been reviewed in 2024 by the facility manager and clinical manager. A mission statement and philosophy is documented with these displayed throughout the facility. Goals are documented in the strategic and business plan, and these are related to finance, clinical, staffing, occupancy etc. Marketing strategies are documented. There are three monthly quality/management meetings that provide an opportunity to review operations and to review progress towards meeting the business objectives. The facility manager and clinical manager meet regularly to analyse the quality data. Clinical governance is the responsibility of the clinical manager with support from the facility manager.</p> <p>The facility manager and clinical manager along with the director analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori, to identify and address barriers for Māori and to improve equitable service delivery. The resident satisfaction survey collated last in August 2024 evidenced improved outcomes and equity for Māori and tāngata whaikaha. Collaboration with the directors, staff, residents and family/whānau reflect their input for the provision of equitable delivery of care.</p> <p>The clinical manager (CM) is a registered nurse and has been in the role of clinical manager for the sister facilities for seven years. They have completed more than eight hours of training related to managing an aged care facility, including cultural training, Care Association of New Zealand study days, restraint training, and Health NZ training. Peer support is provided by an external consultant who is well known in the aged care sector. The clinical manager is supported by a registered nurse who works five days a week. The clinical manager provides operational oversight on a day-to-day basis. An organisational chart is documented. The facility manager is on site most days of the week with the clinical manager working at least two days a week at the 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>Quality and risk management systems are implemented with quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. There is a documentation policy that includes a process of reviewing policies at regular intervals to meet the Standard and reflect good practice. Monitoring of the quality and risk plan and associated quality outcomes occur through a series of meetings and reports. Meetings include monthly staff meetings and quarterly quality meetings. The meetings include all aspects of the quality and risk programme.</p> <p>The clinical manager is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, infections, and other adverse events. The quality data is graphed and discussed at the quality meeting with feedback around the discussion at the staff meetings. Analysis and trends of quality data is collected and documented to identify opportunities for improvement. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. Incident reports are completed for each incident/accident. Results are discussed in the combined quality and staff meetings and at handover.</p> <p>An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the facility manager or clinical manager when completed. Residents and family/whānau are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and family/whānau. The resident and family/whānau satisfaction survey for August 2024 reported a very high overall level of satisfaction for all areas of service delivery.</p> <p>There are resident and family/whānau meetings held three monthly. Residents and family/whānau interviewed advised that they were very satisfied with the care and service they receive. There were no corrective actions identified from the family/whānau survey. There were no opportunities for improvement put forward by residents or</p>

		<p>family/whānau interviewed.</p> <p>There is an implemented health and safety and risk management system in place. The clinical manager is the designated health and safety officer. A hazard and risk register is in place with this reviewed six monthly and as required. Health and safety is included in the orientation and annual staff training programme and staff interviewed confirmed they had completed training in 2024.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Discussions with the facility manager and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no events reported that required a Section 31 notification and no outbreaks reported since the last audit in February 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is always a staff member on duty with a first aid certificate. The facility manager provides operational oversight on a day-to-day basis. The facility manager is on site most days of the week with the clinical manager working at least two days a week at the facility. The facility manager is on call 24/7 for any operational related issues and the clinical manager and RN rotate an on-call roster 24/7 for any clinical issues.</p> <p>There are sufficient numbers of HCAs on morning and afternoon shifts to provide clinical and culturally safe care as confirmed by the HCAs and residents interviewed. All are medication competent. The HCAs</p>

		<p>complete laundry and cleaning duties as part of their shift. There are separate kitchen staff and the activities coordinator works five days a week from 9.30am to 1.00pm. Observation on the day of the audit and documentation reviewed evidence residents are highly independent, and their care needs are met.</p> <p>There is an annual education/training schedule in place for 2024. The education and training schedule lists compulsory training which includes online and in-service training. A review of training identified that this has been provided. The training includes the provision of cultural safety and Te Tiriti o Waitangi along with competencies. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes, disparities and health equity. All staff and managers have completed all training offered. External training opportunities for care staff include training days provided by Health New Zealand- Te Whatu Ora. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. All HCAs have completed either level two or three New Zealand Qualifications Authority certificate.</p> <p>Glenhaven Home's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All HCAs are required to complete annual competencies, including restraint and medication administration. Both the clinical manager and the RN are interRAI trained. Care staff are encouraged to complete additional training opportunities where available. Staff wellness is encouraged through participation in health and wellbeing activities, to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs</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 in hard copy. Five staff files reviewed (one clinical manager, two HCAs, one RN and a cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. Job descriptions reflect the</p>

<p>of Māori. 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>expected positive behaviours and values, responsibilities and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy in place. All staff who had been employed for over 12 months have an annual appraisal on file. 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 and to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff accident/incident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	<p>FA</p>	<p>Accurate information about the services provided is included in the admission pack, and this is explained and discussed with the enquirer as required. Residents enter the service when their required level of</p>

<p>timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). Signed admission agreements and consent forms were available in the records reviewed. Residents, family/whānau and enduring power of attorney (EPOAs) interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>Entry to service enquiries is managed by the facility manager and the clinical manager. Residents' information is kept confidential in a locked cupboard in the nurses' station. The clinical manager stated that any delay to entry to service will be discussed with the resident or family/whānau as required. The CM stated that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. Processes are in place for communicating the reason for decline to entry and other options or alternative services information is provided. This was evident in the records reviewed.</p> <p>The service maintains a record of the enquiries and of those declined entry. The admission information includes ethnicity data. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, was implemented. The service has established relationships with Māori cultural organisations and communities, and cultural support can be accessed for Māori residents and whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five residents' files were reviewed including one on LTS-CHC and one on respite care. The registered nurse (RN) and the clinical manager 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, EPOAs and family/whānau where appropriate, with resident's consent. The assessment tools used include consideration of residents' lived experiences, cultural needs, values, and beliefs. For all long term residents, an initial interRAI assessments and long-term care plans were completed within three weeks of an admission.</p> <p>The cultural safety assessment process validates Māori healing</p>

	<p>methodologies, such as karakia, rongoā and spiritual assistance. The RNs have completed cultural safety training. Residents confirmed that they can practice their culture as desired. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process.</p> <p>A Māori health care plan was completed for residents who identified as Māori and the identified pae ora outcomes were included. The care plans reflected partnership and support of residents, family/whānau, and the extended whānau as applicable. Tikanga principles were included in the Māori health care plans reviewed. Any barriers that prevent tāngata whaikaha and family/whānau from independently accessing information or services are identified and strategies to manage these were documented. Staff understood the process to support residents and family/whānau.</p> <p>A range of clinical assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents and family/whānau representatives of choice 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 with appropriate interventions to manage and guide staff. 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 where applicable. There were no active wounds treated at the time of the audit.</p> <p>Service integration with other health providers including medical and allied health professionals was evident in residents' records reviewed. Changes in residents' health were escalated to the general practitioner (GP) and referral 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, urology services, eye specialist and radiology department. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p>
--	---

	<p>The contracted GP visits the service fortnightly to conduct routine reviews. After hours on call service is provided as required. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed if required as determined by the resident's needs. Multidisciplinary team (MDT) meetings were completed six-monthly. There is a contracted podiatrist who visits the service six-weekly.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the healthcare assistants. Acute changes of health were reported to the RN or clinical manager, as confirmed in the records sampled and in interviews with staff. The long-term care plans were reviewed at least six-monthly following six-monthly interRAI reassessments. 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 family/whānau goals and aspirations. Where progress was different from expected, changes to the care plan were made. Where there was a significant change in the resident's condition, a referral was made to the local 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. Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts are completed, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy.</p> <p>The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes. Residents and whānau stated that the care provided was satisfactory and met the needs of the residents.</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>An activities coordinator oversees the implementation of the activities programme. The activities programme reflected the physical and cognitive abilities of the residents. Residents' activity needs, interests, abilities, and social requirements are assessed on admission with input from residents and whānau. These were completed within two to three weeks of admission. A monthly activities plan was posted on notice boards. Residents are invited to activities on the schedule daily.</p> <p>The planned activities and community connections were suitable for the residents. The activities on the programme included: Walks, exercises to music, happy hour, church services, newspaper reading, floor games, table games, museum visits, outings, music, art and craft. There are regular group outings twice per month. Quarterly resident meetings provide a forum for feedback relating to activities, improvements, celebrations and life enhancement. Competent residents can go out of the facility independently as desired. Activity participating registers were completed daily. Residents were observed participating in a variety of activities on the audit day.</p> <p>The activities coordinator reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with a local Māori community organisation that visit the service twice per month, who participates in activities with residents. The service celebrates national cultural events and Māori language week. Māori words were displayed throughout the facility. An elder in the facility was observed teaching te reo Māori to staff on the day of the audit.</p> <p>Family/whānau and residents reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to</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>the facility from a contracted pharmacy. The GP completed three-monthly medication reviews consistently.</p> <p>A total of 10 medicine charts were reviewed. Medicines were prescribed by the GPs and specialists where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicine and supplements were documented on the medicine charts where applicable. Medicine allergies and sensitivities were documented on the resident's chart where applicable. Standing orders are not used.</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 RN 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 on request. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication room sampled were within the recommended range. Opened eyedrops were dated.</p> <p>A healthcare assistant was observed administering medications safely. There were no expired medications on the medication trolley.</p> <p>The GP and the clinical manager stated that residents, including Māori residents and their family/whānau, are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support for Māori treatment and advice will be accessed.</p> <p>There were no residents who self-administering medications on the day of the audit. Appropriate processes and a policy were in place to ensure this was managed in a safe manner, when required. 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>
---	---

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food is prepared and cooked on site. There are two cooks who have completed food safety and hygiene training. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires in June 2025. On the day of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <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. Residents’ dietary preferences were available in the kitchen folder. Seasonal menu in a four-weekly cycle is utilised. The menu in use was reviewed by a registered dietitian on 29 July 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. All food is served to residents through the kitchen server. On the day of audit, meals were observed to be well presented. The meal service was observed in the dining room and the environment was calm, relaxing with no distracting background noise. Residents were observed enjoying their meals. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is</p>
--	-----------	---

		culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori when requested. Mealtimes were observed during the audit.
<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>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau and the GP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. 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. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Residents and family/whānau were kept informed of the referral process and reason for transfer as confirmed interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</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 weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the contracted certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>There is a communal lounge downstairs with a TV where activities are</p>

<p>belonging, independence, interaction, and function.</p>	<p>taken place. There is a quiet lounge upstairs for family/whānau visits or meetings. There are two disability toilets near the communal lounge.</p> <p>Downstairs are eleven resident rooms; four of which can accommodate two beds. The rooms have a handbasin and have doors that open to the outside area. Upstairs are eight rooms (one of which is a double); they have access to a decked area.</p> <p>All rooms had single occupancy on the day of audit and the facility manager stated that the double rooms will continue to be used as single occupancy rooms; however, it can be used as a double room for couples only. The resident rooms are spacious to provide care. Each room allows for the safe use and manoeuvring of mobility aids. Healthcare assistants interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents.</p> <p>All residents' rooms have external windows to provide natural light and have appropriate ventilation and heating. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins. There are three communal toilets and two showers' downstairs and upstairs there is one shower and two toilets. There is a lift to access the upper floor which is spacious to accommodate a wheelchair or trolley. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant.</p> <p>Kitchen, laundry, and dining room are centrally situated on the ground floor. The clinical and facility manager's office is on the upper floor.</p> <p>The facility is carpeted throughout, with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents can bring their own possessions into the home and are able to adorn their room as desired.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible for residents. All outdoor areas have seating and shade. There is a designated smoking area for residents who smoke. Residents interviewed reported they were able to move around the facility easily.</p> <p>The facility manager stated that when there is a planned development</p>
--	---

		<p>for new buildings there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. There were no planned changes to the building at the time of the audit.</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>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 24 February 2015. Fire evacuation drills are conducted every six months, and these are added to the training programme. A recent fire drill was completed on 11 September 2024. The staff orientation programme includes fire, emergency and security training.</p> <p>There are adequate fire exit doors, and a designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continence products, back up battery for lights, and a gas BBQ, to meet the requirements of residents and rostered staff. There is no generator on site; however, one can be hired if required. An appropriate agreement is in place with a provider. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly. Residents and family/whānau confirmed that calls bells are answered promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times. Family/whānau and residents know the process of alerting staff when in need of accessing the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p>

		Visitors and contractors are required to sign in and out of visitors' registers.
<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>	FA	<p>The clinical manager (registered nurse) oversees infection control and prevention across the service. 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 to the quality risk and incident reporting system. The infection control programme is reviewed six monthly as part of the service review with data discussed quarterly at the quality and management meeting. Infection control audits are conducted. Infection rates are presented and discussed at the staff, quality and management meetings. Meetings are attended by the facility manager (owner) who meets daily with the director. The facility manager confirmed that infection prevention and control is discussed at a governance level.</p> <p>Infection control is part of the quality and business plans. The facility manager and clinical manager complete a report on the progress of the quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, audits associated with infection prevention and control and anti-microbial stewardship (AMS), including any significant infection events.</p> <p>The service also has access to an infection prevention nurse specialist from Health New Zealand -Te Whatu Ora and the general practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</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>	FA	<p>The infection control programme includes an outbreak and pandemic response plan. The infection control programme is reviewed annually by the clinical manager. The infection control programme links with the quality programme. There are clear reporting guidelines for infections of concern to the director and to the facility manager.</p> <p>The service has a pandemic response plan (including Covid-19) which</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>details the preparation and planning for the management of positive tests. There are sufficient quantities of PPE equipment available if required.</p> <p>The clinical manager (registered nurse) oversees infection control and prevention across the service and has completed extensive training annually around infection control and prevention through an external organisation. There is good external support from the GP, laboratory, and Health New Zealand -Te Whatu Ora infection control nurse specialist.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the clinical manager and developed by an external consultant. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring of these through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and the clinical manager stated they work in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection 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. Staff have completed hand hygiene and personal protective equipment education. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on outbreak policies and procedures through resident meetings, face to face meetings and emails. Posters regarding good infection control practise were displayed in English, and te reo Māori, and are available in other languages.</p> <p>There are policies that include guidelines to minimise healthcare acquired infections (HAI). The infection control coordinator (clinical manager) has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility manager. The facility manager and</p>
--	---

		infection control coordinator would liaise with their community iwi links through their Māori liaison consultant should the design of any new building or significant change be proposed to the existing facility.
<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 antimicrobial policy and procedures and monitors 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 staff/ quality and management meetings. The director is informed of any infection issues and documents a report monthly on antimicrobial uses. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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 Glenhaven 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. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>Infection control surveillance is discussed at staff, quality and management meetings. The service has incorporated ethnicity data into surveillance methods. Trend analysis is completed by the infection control coordinator, and meeting minutes with graphs are provided to staff with discussion around these documented in meeting minutes. Action plans are required for any infection rates of concern and significant events are reported to the director and facility manager. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand- Te Whatu Ora for any community concerns. There have been no outbreaks since the last audit. There were clear</p>

		communication pathways with responsibilities and include importance of daily outbreak meetings and communication with residents, family/whānau, and staff.
<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>	FA	<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 the trolleys are kept in a locked cupboard when not in use. 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. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry and cleaning is managed on site by the healthcare assistants. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The healthcare assistants interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control. The infection control coordinator oversees the cleaning and laundry audits. 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>	FA	<p>The clinical manager, the facility manager and director are committed to maintain a restraint free environment. Restraint policy confirms that restraint consideration and application must be done in partnership with residents/families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility was restraint free and has been for more</p>

		<p>than six years.</p> <p>The use of restraint (if any) would be reported in the staff/quality meetings. The annual quality review includes restraint use. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation and management of challenging behaviours are included in the mandatory training plan and orientation programme. Staff have completed the required training.</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.

No data to display

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.