

Selwyn Care Limited - Ivan Ward Centre

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:	Selwyn Care Limited
Premises audited:	Ivan Ward Centre
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 23 September 2024 End date: 24 September 2024
Proposed changes to current services (if any):	The service was verified as suitable for Hospital Medical Services. Can this be added to their certificate.
Total beds occupied across all premises included in the audit on the first day of the audit:	75

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Selwyn Care Limited - Ivan Ward Centre (referred to in the report as Ivan Ward Centre) provides hospital (geriatric), rest home, and dementia levels of care for up to 90 residents. At the time of the audit there were 90 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

This audit verified the service as suitable to provide Hospital Medical services.

The director of care is supported by a clinical operations manager, a clinical manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau confirmed that they were very satisfied with 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.

There were no areas for improvement identified at the previous audit.

This surveillance audit identified three areas for improvement related to fridge and freezer temperatures in the kitchenettes, medication room and fridge temperatures, and monitoring of a resident post falls.

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.

There is a Māori health plan in place. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Ivan Ward Centre is part of the Selwyn Foundation Group with a Board that provides a governance role. The director of care has strong relationships with the Board and the subcommittees including the clinical governance group. There is a business plan

includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The electronic care plans demonstrate service integration; there is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. Resident files are electronic and included medical notes by the general practitioner and allied health professionals.


Medication policies reflect legislative requirements and guidelines. The registered nurses and care partners are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts

reviewed met prescribing requirements and reviewed at least three-monthly by the general practitioner. Medications are stored securely.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Cultural needs can be met. Nutritional snacks are available for residents 24 hours a day. A current food control plan is in place.

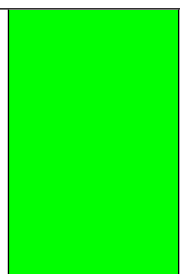
Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness which expires on 16 September 2025 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster.

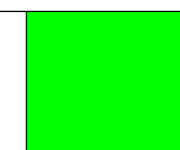
Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention and control programme is implemented, meets the needs of the organisation, and provides information and resources for staff. Documentation evidenced that relevant infection prevention and control education is provided to staff as part of their orientation and as part of the ongoing in-service education programme.

Surveillance data is collated using standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been one outbreak recorded and reported on since the last audit.

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.
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Ivan Ward Centre strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Training related to restraint elimination is included as part of the annual mandatory training plan, and staff orientation. Annual restraint competencies are completed.

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	15	0	1	2	0	0
Criteria	0	48	0	1	2	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 organisation, which Ivan Ward Centre utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service has Māori representation on the Board. There is access to kaumātua for support to enact Te Tiriti o Waitangi in service delivery. At the time of the audit the service had residents who identified as Māori. There were Māori staff who confirmed that mana motuhake is recognised.</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>	FA	<p>Ivan Ward Centre has access to the Ola Manuia Health and Wellbeing Action Plan and has a Pacific health plan in place. The plan and related policy documented encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>At the time of the audit the service had residents and staff who identify as Pasifika. Staff interviewed stated that family/whānau are encouraged to be involved in all aspects of care, are encouraged to give feedback to the service and there is a commitment to recognising cultural needs. Pacific staff interviewed also stated that cultural safety and support was at the forefront of care provided.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori.</p> <p>The following managers were interviewed: director of care, clinical manager, clinical operations manager, clinical manager, and the chair of the subcommittee clinical governance. Sixteen staff were also interviewed including six care partners (caregivers), two house leads (dementia unit), five registered nurses (RNs), catering staff manager, cleaner, learning and development officer. All managers and staff interviewed described how the Code was upheld.</p> <p>Seven residents interviewed (three hospital and four rest home), and five family/whānau interviewed including two hospital level of care, one rest home and two dementia. All stated that the Code is implemented as per policy and a copy provided in the welcome pack when the resident or family/whānau enters the service. Residents and family/whānau confirmed that they are fully informed of 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> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Ivan Ward Centre's policies describe how to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Ivan Ward Centre are trained in, and aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff interviewed demonstrated an understanding of professional boundaries. Interviews with residents and family/whānau confirmed that staff acted in a way that maintained professional boundaries.</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</p>	<p>FA</p>	<p>The resident files reviewed included informed consent forms signed by either the resident or activated Enduring Power of Attorney (EPOA) or Welfare Guardian. Staff and management have a good understanding of the organisational processes described in policy. This includes processes for</p>

<p>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>Māori, who may wish to involve whānau in collective decision making. Interviews with family/whānau and residents confirmed their choices regarding decisions and their wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to the Nationwide Advocacy Service. The Code and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. There have been 19 internal complaints logged in 2023 and 16 in 2024 year to date. All reviewed on the electronic register are low level complaints. Three complaints investigated in depth confirmed that the complainant had been acknowledged with follow up documentation confirming they had been informed of the investigation in a timely manner. There have not been any complaints received from an external agency since the last audit. Ivan Ward Centre has implemented system based corrective actions to a standard that prevents similar incidents occurring in the future. There is evidence improvements made to service delivery because of the investigation of complaint and a review of themes.</p> <p>Interviews with the managers and documentation reviewed demonstrated that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had,</p>

		<p>were addressed promptly.</p> <p>There is information and resources for Māori available that can be accessed by staff which assists Māori residents and family/whānau in the complaints process. Contact details for interpreters are available. The director of care and managers interviewed acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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>Ivan Ward Centre is in Auckland with the service being part of the Selwyn Foundation Group. Ivan Ward Centre opened in 2018 and is purpose-built. The service provides care for up to 90 residents at rest home, dementia, and hospital level (geriatric) care. There were 90 residents on the day of audit: 10 rest home, 62 hospital, and 18 dementia. All residents were under the age-related residential care (ARRC) contract. All rooms are single occupancy.</p> <p>The service was verified as suitable to provide Hospital Medical services.</p> <p>There are nine directors on the Selwyn board with the chair of the board having extensive experience has significant expertise in strategic development, as a member of parliament, and in building the capability of organisations to deliver sustainable growth. Other board members having varying skills including property, finance, accounting, business transactions, for-purpose governance and executive leadership, technology, governance roles and involvement in the philanthropic sector. The board has representation from spiritual leaders. The chair of the clinical governance subcommittee and a member of the board was interviewed. They were passionate about their role in governance which they described as strategic development, innovation, and monitoring of the service. The director of care provides a report to the board. Risk is escalated and discussed by the board at meetings or as issues or emerging or changing risks are identified. Clinical governance is led by the director of care.</p> <p>Ivan Ward Centre has an overarching strategic plan in place with clear goals to support the ongoing operational and financial stability of the organisation. The strategic and business plans, which are reviewed annually by the board, outline the purpose, values, scope, direction, and goals of the organisation. The documents describe annual and longer-term objectives and the</p>

		<p>associated operational plans. The plans reflects links with Māori, align with the Ministry of Health strategies and they address barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities. Goals are regularly reviewed with evidence of being signed off when met.</p> <p>The director of care reports to the chief operating officer who reports to the CEO. The director of care (non-clinical) has been in the role for three years. They have a background as a registered nurse, midwife with a Masters Business Administration. Previous roles include the director of nursing and midwifery for 10 years along with other executive director roles in Australia and New Zealand. The director of care is supported by the clinical operations manager who has been in the role since April 2024 with previous experience as the care manager. They have over 15 years' experience in aged care. The clinical manager reports to the clinical operations manager, has been in the role for four years, and has a total of 25 years at Selwyn as a care manager or in other roles. The managers have completed more than eight hours of training related to managing an aged care facility and/or in management relevant to their roles.</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>Ivan Ward Centre is implementing the organisational quality and risk management programme. The clinical operations manager and clinical manager implement the quality programme with oversight and monitoring from the director of care. The programme involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow-up action(s) required evidenced in twelve accident/incident forms reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents with a Severity Assessment Code (SAC) of one or two are escalated to the board. Opportunities to minimise future risks are identified by the registered nurses, clinical manager and or clinical operations manager. The clinical manager collates all the data</p>

		<p>and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in handovers as observed on the day of audit.</p> <p>There are a range of meetings that provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. These include the monthly staff, RN, household meetings; quarterly restraint meetings; and weekly clinical review meetings with the RNs, managers, and household lead present. Meetings have been completed as scheduled with minutes sighted demonstrating consistent evidence that data is tabled at meetings, discussed, and used for improvements to the service.</p> <p>Resident and family/whānau satisfaction surveys are completed three times a year with data collated. Each audit has a resident family feedback component included as part of the audit tool. This serves to focus comments and improvements along with any specific areas for improvement. The implementation of an electronic quality tool has significantly improved the quality of feedback from residents and family/whānau. Resident and family/whānau meetings have been completed as scheduled.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard and risk register was reviewed. Health and safety is discussed as part of the staff and RN meetings. Staff have completed regular training related to health and safety. Staff are kept informed on health and safety issues through handover.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required since the last audit. There has been one outbreak since last audit related to Covid-19. Documentation reviewed provides evidence that the outbreak was well managed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is</p>	<p>FA</p>	<p>Rosters implement the staffing rationale. The managers work full time from Monday to Friday. The clinical manager is on call along with senior RNs for any clinical concerns and the clinical operations manager and/or director of care are available 24/7. Review of four weeks of rosters provides evidence that there is a registered nurse on duty 24/7, and a cover provided by a registered nurse for short notice leave.</p>

<p>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>Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>There is an annual education and training schedule completed for 2023 and one being implemented for 2024. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes culture including Treaty of Waitangi, the Code, complaints, communication, end of life, informed consent, restraint, management of challenging behaviour, cultural safety, manual handling, bullying harassment and abuse and medication management. There is an individual staff member record of training held electronically. The learning and development officer has been in the role for two years and monitors completion of orientation, completion of training and competencies.</p> <p>Educational courses offered include in-services, online, competency questionnaires and external professional development through hospice and Health New Zealand. All registered nurses, a selection of care partners and activities staff have completed first aid training. All care partners are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 47 care partners, 28 have NZQA qualification level four and above; seven have level three; and 12 have level two. There are 13 care partners rostered across the dementia unit and 11 have level three or four or above certificate and two have level two. There is one care partner who has level three enrolled to complete the level four certificate. All care partners have had training around management of challenging behaviour and dementia.</p> <p>The clinical manager and five RNs are interRAI trained. The clinical operations manager, clinical manager and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including medication, controlled drugs, manual handling, restraint, wound, syringe driver and emergencies.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and care partners to provide a culturally safe environment to Māori. Staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six resident clinical files were reviewed (two hospital, two rest home, and two dementia level of care). A registered nurse completes an initial assessment and care plan on admission including relevant risk assessment tools. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident electronic care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the residents' electronic file. The interRAI assessment links effectively to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs guide staff in the care of the resident. The care plans reviewed on the electronic management system were resident focused and individualised.</p> <p>Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds, weight loss, or recent falls are added to the long-term care plan to reflect resident needs and removed when appropriate/resolved.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents</p>

	<p>who had been in the service six months. Residents/whānau interviewed confirmed that they participate in the care planning process and review. The general practitioner, (GP), has reviewed residents three-monthly. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans and supporting Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service contracts with a GP to provide medical services to residents. The GP visits twice-weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The GP was complimentary of the standard of nursing care and communication from the facility. All GP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident included physiotherapist; hospice nurse; speech language therapist; older persons health clinicians; wound specialist; continence specialist nurse; and dietitian. A physiotherapist (works for Selwyn) is available Monday to Friday. There is also an exercise specialist. Residents are referred by the RN's. There were no barriers identified for residents (including those with disabilities) accessing any services.</p> <p>Residents interviewed reported their needs were being met. Family/whānau members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required an GP visit or referral to nurse specialist consultant occurs.</p> <p>Care partners interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were 16 current wounds on the day of the audit, including three current pressure injuries (two stage II and one unstageable). The electronic wound care plan documents assessments, a wound management plan and evaluations, with supporting photographs. The hospice, specialist wound clinic and GP have input into chronic wound management.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, turning schedules, and fluid balance recordings;</p>
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		<p>however, not all those related to neurological observations had been completed as per policy requirements.</p> <p>Family/whānau are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite family/whānau to the six-monthly review meetings along with the resident. Communication with family/whānau was evidenced in the electronic system.</p> <p>Care partners interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the care partners and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored securely in the medication rooms. The internal audit schedule includes medication management six-monthly. Registered nurses and senior medication competent care partners administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent and have safe storage of their medications. There were residents self-administering medications on the day of the audit. Registered nurses advised that the GP prescribes over-the-counter medications. All medication errors are documented and reported.</p> <p>The medication fridge and medication room temperatures are being monitored: however, temperatures were frequently out of the acceptable range with no evidence of corrective actions being documented. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit. There are no standing orders used.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status</p>

		<p>notified. The GP had reviewed the medication charts three-monthly, for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. Registered nurses were observed administering medications appropriately on the day of audit. Residents and family/whānau interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The registered nurses and management described working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>The food service is outsourced to an external contractor and there is a current food control plan which expires in January 2025. The commercial kitchen is on site within the Selwyn campus and a catering site manager oversees the food service; however, temperatures of the fridges and freezers were not always recorded within safe ranges and there was no evidence of corrective actions being completed. There is a seasonal six-week rotating menu, which has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, noting dietary needs, intolerances, allergies, and cultural preferences, and this is provided to the kitchen staff by registered nurses.</p> <p>Kitchen staff are trained in safe food handling and education is overseen by the external provider. The service has menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</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</p>	<p>FA</p>	<p>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their family/whānau were involved for all exits or discharges to and from the</p>

<p>transition, transfer, and discharge. 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>		<p>service and can ask questions. A verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Ivan Ward Centre and comply with legislation relevant to the Health and Disability Services being provided. The environment is inclusive of people's cultures and supports cultural practices. The dementia unit is secure. The current building warrant of fitness expires 16 September 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. The service has adequate equipment to provide hospital medical services.</p>
<p>Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an infection, prevention and antimicrobial policies and procedures that includes the pandemic plan. The infection control programme is reviewed, evaluated, and reported on annually. Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE). A review of staff training confirmed that care staff have completed all training around infection prevention and control including hand hygiene and standard precautions.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention and control coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at the RN and staff meetings which are held per schedule. The weekly clinical review also focuses on infection prevention and control.</p> <p>Staff have received infection prevention and control related training including outbreak management. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>There has been one Covid-19 outbreak (April 2024) since the previous audit. The outbreak was documented and well managed. Residents and family/whānau were kept up to date during the outbreaks.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Policies and procedures meet the requirements of the Standard.</p> <p>If a Māori resident requires restraint, then cultural advice is sought with family/whānau to explore spiritual and cultural values prior to the decision to use restraint being made.</p> <p>The restraint coordinator (clinical manager) interviewed confirmed that the service is committed to a restraint-free environment in all its wings. There are strong strategies in place to eliminate the use of restraint. There is currently no restraint in use. When restraint is used, this is a last resort when all alternatives have been explored. Staff have been trained in the least restrictive practice, safe restraint practice, 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)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and</p>	<p>PA</p> <p>Moderate</p>	<p>The service demonstrates active involvement with the person receiving services and whānau, and contributes to meeting the person’s assessed needs, goals, and aspirations. A wide range of monitoring charts are available for staff to utilise such as weight, repositioning and blood sugar. Monitoring charts in use were all maintained as per care plan instructions. Resident’s files have a range of interventions implemented to meet individual resident’s needs; however, there were identified gaps in the documentation of interventions following unwitnessed falls.</p>	<p>Five of six unwitnessed falls did not have neurological observations completed as per policy requirements.</p>	<p>Ensure all policy requirements related to neurological observations are met.</p> <p>60 days</p>

<p>promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies documented around safe medicine storage that meet legislative requirements; however corrective actions were not documented when temperatures did not meet these requirements. Temperatures for the medication fridge were not adjusted and rechecked when they did not meet policy.</p>	<p>(i). The medication fridge and medication room temperatures were frequently out of the acceptable range. (ii). There was no evidence of corrective actions being documented when these issues were identified.</p>	<p>(i). & (ii). Ensure that corrective action plans are put in place with issues resolved when medication fridge and medication room temperatures are identified as not aligning with policy requirements. 60 days</p>
<p>Criterion 3.5.6 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal shall comply with current legislation and guidelines.</p>	<p>PA Low</p>	<p>There is a documented procedure to record fridge temperatures in the kitchenettes, and a monitoring form detailing safe temperatures. Temperatures reviewed did not always meet those outlined in policy. Temperatures in the kitchen are taken for fridges and freezers with corrective actions taken and issues resolved if temperatures are outside the range documented in policy.</p>	<p>(i). Temperatures of the household kitchenette fridges and freezers are not consistently recorded and the temperatures that were recorded were regularly out of range. (ii). There was no evidence of corrective actions documented or signed off.</p>	<p>(i). & (ii). Ensure that temperatures of the household kitchenette fridges and freezers are consistently recorded with corrective actions put in place to resolve issues raised if the temperatures are outside of the range documented in policy. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.