

Sunrise Healthcare Limited - Ascot House

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:	Sunrise Healthcare Limited	
Premises audited:	Ascot House	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 24 October 2024	End date: 25 October 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:	25	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ascot House is privately owned and located in Devonport, Auckland. Two directors/owners (referred to as the service manager and facility manager/managing director) are on site most days of the week. The service is certified to provide a rest home level of care for up to 27 residents. On the day of the audit, there were 25 residents.

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

Management roles changed in 2023; the administrator is now the administration manager, and the facility manager has a dual role now, and is also the managing director. The facility manager oversees the service with the support of the clinical manager (registered nurse) and the group clinical manager, who provides clinical oversight for all sister facilities. Quality systems are implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no corrective actions from the previous audit.

This audit identified an improvement is required around aspects of medication management.

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.

Ascot House works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldview and are culturally safe. Residents and staff stated that culturally appropriate care is provided. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The facility manager/managing director and service manager own four aged care facilities in Auckland and provide hands-on support for Ascot House. The group clinical manager provides oversight and support for the four sites, with support from the clinical managers.

The business plan includes mission, vision, and values statements with goals documented. These are regularly reviewed. The quality and risk management systems are focused on quality service provision and care. The quality and risk management processes use a risk-based approach.

The service and management ensure the best outcomes for residents and that their health and safety are a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the contract's requirements with Health New Zealand-Te Whatu Ora.

Staff coverage is maintained for all shifts. Residents' acuity is considered when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The clinical manager is responsible for assessing, developing, and evaluating care plans. Care plans are individualised based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

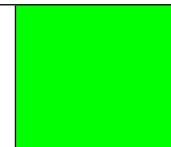
There is a medicine management system in place. All medications are reviewed by general practitioners every three months, and staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

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

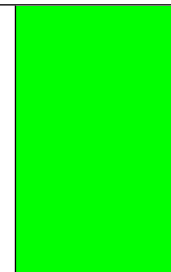


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe and meet the needs of residents living in this care home.

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.

The service ensures the safety of the residents and staff through a planned infection prevention programme appropriate to the service's size and complexity. The clinical manager coordinates the programme. Staff orientation and ongoing education are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19 were managed according to Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service has been restraint free since before the last audit and aims to maintain a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

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	17	0	0	1	0	0
Criteria	0	48	0	0	1	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. 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>The Māori health plan references local Māori health care providers and recognises Māori values and beliefs. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care.</p> <p>Family/whānau involvement is encouraged in assessment and care planning, and visiting is encouraged, as evidenced during interviews. Te Whare Tapa Wha health model is incorporated into all Māori and other residents' care. The service currently has residents and staff who identify as Māori. Care is provided in a way that focuses on the individual and considers beliefs, values, and culture. The clinical manager reported that care plans include cultural assessments with cultural links, and provide an opportunity for the service to cater to any cultural needs. Documentation reflected their values and beliefs. The management team and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with managers and staff (facility manager/managing director, administration manager, two clinical managers [CMs] including one from the other sister facility, one cook, one housekeeper, and two healthcare assistants [HCAs]) described ways they apply the principles of Te Tiriti into practice in relation to their roles.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a Pacific health and wellbeing plan, which outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practice. The service is embracing Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. Staff were familiar with local Pacific services and resources. Support is also offered through staff and various Christian churches in the local area on an 'as required' basis, and staff interviewed were able to identify links in the community.</p> <p>No residents identified as Pasifika but there were staff who identified as Pasifika working at this service, who can ensure that any residents, and their family are supported in a culturally safe manner. The staff interviewed could describe how they would support any resident or family member who identified as Pasifika.</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>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. Six rest home residents and three relatives (enduring power of attorneys [EPOAs]) interviewed reported the Code of Rights was adhered to and residents were aware 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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The CM and the administration manager reported that staff are guided by the</p>

		code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau and residents stated that they were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation care plans were signed by residents who were competent and able to consent, and a medical decision was made by a general practitioner (GP) for residents who could not provide consent. This was verified in interviews with residents and family/whānau. Staff have been trained around the Code of Rights, informed consent, and enduring power of attorney.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	The complaint management policy and procedures were documented to guide staff. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service has a complaint register in place. One complaint was lodged in 2023, and two have been lodged in 2024 year to date. The administration manager reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolutions, is completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly.

		<p>No external complaints have been received.</p> <p>Families/whānau and residents making complaints can involve an independent support person. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed. No external complaints have been reported since the previous audit.</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>Ascot House is verified for 27 residents requiring rest home level of care. On the day of the audit, 25 residents required rest home level of care, including 23 under the Age-Related Residential Care contract (two using respite care) and two under a POAC contract (both requiring short-term care). The management team demonstrated awareness of legislative, contractual, and regulatory requirements.</p> <p>The administration manager reported that management roles changed in 2023; the administrator was appointed as the administration manager, and the facility manager took a dual role and is also the managing director. The owners own four aged care facilities in Auckland. A facility manager/managing director (one of the owners who is a qualified accountant) is on site at least 16 hours a week, with the service manager (the second owner) on site more often during the week for maintenance and property activities. The clinical manager can contact the facility manager/managing director or service manager at any time and stated that they are extremely responsive. The service employs a group clinical manager who oversees all four facilities. The group clinical manager can be contacted at any time by the clinical manager, and they oversee clinical operations at an organisational level.</p> <p>The facility manager/managing director and administration manager were able to describe the service's quality goals. The service organisation philosophy and business plan reflect a resident/family-centred approach to all services. A documented business plan (2024) includes the organisational chart, philosophy, vision, purpose, objectives, and values. The document</p>

		<p>describes annual and long-term objectives and the associated operational plans. The meeting minutes sighted were comprehensive and completed as per schedule. The facility manager/managing director meets with the CM and administration manager more frequently or when its required. The governance body monitors organisational performance, including finances, reports, and the approval of policies and procedures. Monitoring and reviewing performance are completed at each management meeting and at regular intervals. The quality programme includes a quality programme policy and quality goals. The administration manager, who is the health and safety officer, is familiar with the reporting process and risk management responsibilities.</p> <p>The Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership, which recognises all cultures as partners and values each culture for the contributions it brings. The governance body consults with other external organisations to assist in removing barriers for Māori and improving policy and processes to be equitable and inclusive. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p> <p>The clinical governance structure in place is responsible for overseeing clinical issues, and this is led by the group clinical manager. Management maintains up-to-date knowledge of evidence-based practice through ongoing professional development and participation in the NZ Aged Care Association conferences.</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</p>	FA	<p>The service implements the organisation’s quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation, a programme of internal audits, and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff meetings, monthly residents’ meetings, monthly health and safety and infection prevention control meetings), and data collation were documented as scheduled, with corrective actions completed as required. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. The corrective actions are documented and</p>

<p>and our health care and support workers.</p>		<p>discussed in staff meetings. Meetings provide an avenue for discussions about key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff.</p> <p>Resident satisfaction surveys completed in 2024 reflected high levels of satisfaction in all areas, including staffing; activities; meals; cleaning; knowledge of the Code of Rights; communication; and staff positive attitudes. The administration manager reported that the service had addressed areas of concern from the survey with the respective departments. Evidence of this was sighted in the meeting minutes, and corrective action reports were reviewed. Furthermore, the reviewed staff meeting minutes reflected ongoing monitoring of these areas. Interviews with residents and family/whānau were positive and complimentary of all aspects of the service.</p> <p>The risk management plan, policies, and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in accordance with the National Adverse Event Reporting Policy. A health and safety system with identified health and safety goals is in place. Hazard identification forms are held at the entrance, and an up-to-date hazard register was sighted. The health and safety officer implements and monitors health and safety policies. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety issues. Individual reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed, which evidenced that each event involving a resident reflected a clinical assessment and follow up by the CM.</p> <p>Discussions with the CM, administration manager and facility manager/managing director evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been no Section 31 notification completed since the last audit. The management team is aware of the aged residential care Severity Assessment Code (SAC) ratings and a new National Adverse Events Reporting Policy was in place. Covid-19 infection outbreaks were reported following MoH guidelines, managed and staff debriefed.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there had been adequate staff at the service. Residents and family/whānau interviewed supported this. Over the past four weeks, rosters showed that all shifts were covered by experienced staff, with support from the management team. The CM provides coverage for all clinical issues.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The administration manager reported that training is completed online or face-to-face. Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to) Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); abuse and neglect; challenging behaviour; cultural safety; chemical safety; medicine management; wound care; acute deterioration; stoma management; oral hygiene; catheter care; restraint minimisation; first aid; and fire evacuation.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the provider's funding and service agreement requirements. Four HCAs have a level four NZQA Certificate in Health and Wellbeing, three with level three, three with level two, and one in training. Staff records reviewed demonstrated completion of the required training and competency assessments. The CMs and administration manager reported that the model of care ensured that all residents were treated equitably.</p> <p>The CM (who is a registered nurse) is accredited and maintains competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p>

<p>diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for the registered nurse and associated health contractors (GP, pharmacists, a physiotherapist, a podiatrist, and a dietitian).</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of five staff files (CM, two HCAs, a cook, one housekeeper) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Five files were reviewed, including one resident on a POAC contract, and four rest home, including one on a respite contract. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. The CM completed cultural assessments in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and GP involvement are encouraged in the plan of care.</p> <p>The general practitioner (GP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted transparently, medical input was sought in a timely manner, medical orders were followed, and care was</p>

	<p>resident centred. The GP service provides 24-hour coverage and visits the facility fortnightly or when required. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CMs reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes. Care plans were updated following any significant changes in health status.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in evaluating progress and any resulting changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: neurological observation charts, wound charts, blood glucose charts, and bowel charts. Neurological observations have been fully completed according to policy.</p> <p>One active wound was present at the time of the audit. Wound management plans were implemented, and regular evaluations were completed.</p> <p>Residents who were assessed as respite or under POAC contract had their unique needs identified and managed appropriately.</p>
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<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>The medication management policy is current and in accordance with the Medicines Care Guide for Residential Aged Care. Twelve medication charts, including two POACs and two respites, were reviewed. Allergies were indicated, and all photos were current. All regular medication and pro ne rata (PRN) were prescribed correctly and PRN medications had indications for use documented; however, the effectiveness of the PRN medications was not always documented.</p> <p>Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit. Medications were stored securely; however, the medication room temperatures were not always checked according to policy.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. The HCA was observed administering medications safely and correctly. Regular medication audits were completed, and corrective action plans were implemented.</p> <p>No residents self-administered medications, and a self-medication policy is in place when required. The CM reported that residents are encouraged to administer medication if competent to do so. There were no standing orders in use.</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 kitchen service complies with current food safety legislation and guidelines. All food and baking were prepared and cooked on site. An approved food control plan expires on 15 November 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given the option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Family/whānau and residents interviewed indicated satisfaction with the food service.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. A current building warrant of fitness expires on 14 July 2025.</p> <p>Equipment calibration and electrical checks were completed in April 2024, and an inventory was maintained. Hot water temperatures are checked monthly, and if there are any problems, the maintenance officer or contracted plumber is involved. There is also a contracted electrician if required.</p> <p>The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally</p>	FA	The service has a clearly defined and documented infection prevention control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management team, in consultation with the group clinical manager, and is linked to the quality improvement programme. The IPC programme was current and is reviewed annually. The IPC policies were developed by

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents and family/whānau.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included urinary tract infections, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Surveillance results and recommendations to improve performance are discussed at staff meetings and reported back to the governing body.</p> <p>Infection prevention audits were completed, covering cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed during shift handovers for the implementation of early interventions. Benchmarking is completed internally with results from previous months and by an external consultant.</p> <p>There were Covid-19 infection outbreaks reported in April 2023, and January 2024 since the previous audit. These were managed in accordance with the pandemic plan, with appropriate notification completed.</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>Ascot House is committed to a restraint-free environment in all its facilities. Robust strategies are in place to eliminate restraint use. The restraint committee is responsible for the organisation's restraint elimination strategy and monitoring restraint in the organisation. Documentation confirmed that restraint is discussed with staff and relevant information is presented to the governing body.</p> <p>There was no restraint in use on the day of the audit. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.</p>
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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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The GP has completed three-monthly medication reviews. Indications for use were noted for PRN medications. Allergies were indicated, and all photos were current. Eye drops were dated on opening. All medications were prescribed and administered accordingly; however, the effectiveness of PRN medications was not consistently documented.</p> <p>Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. Regular monitoring of medicine fridge temperatures was conducted, and deviations from normal were reported and attended to promptly. Records were sighted. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards; however, medication room temperature monitoring was not completed.</p>	<p>(i). Medication room temperature monitoring was not completed as per policy and standard requirements.</p> <p>(ii). Efficacy of PRN medications were not consistently recorded in seven of ten medication files reviewed.</p>	<p>(i). Ensure medication room temperatures are evidenced to be consistently below 25 degrees Celsius.</p> <p>(ii). Ensure the efficacy of PRN medications is documented.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.