

Presbyterian Support Central - Reevedon Resthome

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: Presbyterian Support Central

Premises audited: Reevedon Resthome

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 7 November 2024 End date: 8 November 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: 24

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

Reevedon Rest Home is part of the Presbyterian Support Central organisation. The service provides rest home level care for up to 42 residents. On day of audit there were 24 residents.

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

The service is managed by a facility manager who divides their time between Reevedon Rest Home and a neighbouring Presbyterian Support Central facility. They are supported by a clinical nurse manager, a regional manager, the senior leadership team, the Board and a team of care and support staff. The facility manager was unavailable on day of audit. The regional manager provided support for the auditor and the facility staff.

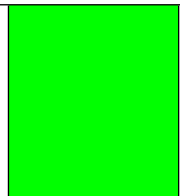
There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

The facility embraces the Eden Alternative Philosophy adopted by the organisation across all areas of resident care.

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

This surveillance audit found no areas identified for improvement.

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.
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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 ensure 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.
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Reevedon Rest Home 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 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.

Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff residents and family/whānau report staffing is adequate.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The clinical nurse manager, registered nurse and enrolled nurse assess, plan and review residents' needs, outcomes, and goals with the resident and/or family whānau input. Care plans demonstrate service integration, and the Eden Alternative principles related to care delivery. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

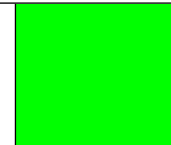
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All resident's transfers and referrals are coordinated with residents and families/whānau.

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.

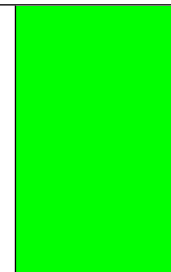


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled. All medical equipment has been serviced and calibrated.

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 infection control programme has been approved by the Board of directors and is reviewed annually. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of the ongoing in-service education programme.

Surveillance data is undertaken, including the use of 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 Covid-19 outbreak 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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The service is restraint-free, and this is supported by the governing body and policies and procedures. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions. Minimisation of restraint use is included as part of the education and training plan.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Reevedon Rest Home has a Māori health plan and policy in place. This outlines how the facility responds to cultural needs of Māori residents, and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>On the day of audit there were residents who identified as Māori residing in the facility. A review of the cultural aspect of the care plan showed that the care was provided equitably and based on Te Tiriti o Waitangi principles with recognition of mana motuhake. Review of training records evidenced that staff complete cultural safety training and are proficient in discussing principles of Treaty of Waitangi and applications within 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</p>	FA	<p>The service uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were no residents residing in the facility who identified as Pasifika. During the audit there were staff who identified as Pasifika. Staff when interviewed demonstrated an understanding of Pacific culture, its relevance and were knowledgeable about how to access community support for Pacific individuals when required.</p>

peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumer's Rights (the Code), and there is an opportunity for residents and their family/whānau to discuss aspects of the Code during the admission process. Interviews with three family/whānau and four residents revealed that they received information at admission which included the Code.</p> <p>Posters in large print featuring the Code and information on advocacy are prominently displayed across the facility in both English and te reo Māori. Both residents and family/whānau are briefed on the extent of services provided and any financial responsibilities for services not covered under the scope; all of which are detailed in the service agreement. Staff interviewed were knowledgeable about the Code and how the facility embeds the Eden Alternative principles into residents' rights to support residents to make the decisions that are right for them.</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>	FA	<p>Reevedon Rest Home policies provide guidance to staff to prevent any form of discrimination, harassment, or any other exploitation. 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 Reevedon Rest Home are trained in and are aware of professional boundaries as evidenced in orientation documents, and ongoing education records. Staff (three caregivers, one enrolled nurse, one registered nurse, and one administrator) and the clinical nurse manager demonstrated an understanding of professional boundaries when interviewed.</p> <p>Interviews with residents and family/whānau indicate that residents financial and property rights are upheld.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing.</p>	FA	<p>There are policies around informed choice and consent. Staff and management interviewed outlined they have a good understanding of the organisational process to ensure informed consent for all residents (including</p>

<p>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 for collective decision making). Staff were able to outline how they embed Eden Principles to support residents in making decisions and choices.</p> <p>Interviews with resident's and family/whānau confirmed their understanding of what informed consent was and that they knew they had a right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file.</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 families/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 advocacy services. The Code of Health and Disability Services Consumers' Rights 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 no internal or external complaints received since the last audit.</p> <p>Although there have been no complaints received, the interview with the clinical nurse manager and the regional manager and documentation reviewed demonstrate that complaints are managed in accordance with the 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, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical nurse manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include whānau in</p>

		participation.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Reevedon Rest Home is owned and operated by Presbyterian Support Central and is located in Levin in the Horowhenua region. The service is certified to provide rest home level care for up to 42 residents. All beds are single occupancy.</p> <p>On day of audit there were 24 occupied beds. Twenty-two residents were on the age-related residential care (ARRC) contract. Two residents were on a younger person with a disability (YPD) contract.</p> <p>The service is governed by a board of directors who execute the strategic executive plan. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The Board receives progress updates on various topics, including staff and resident incidents, benchmarking, complaints, human resource matters and escalated complaints. The business plan reflects links with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how these inequities plan are to be addressed. Goals are regularly reviewed with evidence of sign off when met.</p> <p>There is a clinical governance structure in place with terms of reference that is appropriate to the size and complexity of the service provision. Clinical governance is led by the clinical director and is supported by members of the clinical advisory group. Key performance indicators are reviewed to ensure the organisation is meeting its quality and safety goals.</p> <p>The regional manager confirmed that the facility manager has extensive experience working within the health sector including senior clinical roles with large healthcare organisations. The facility manager has been in the role since March 2023. Evidence was submitted that a Section 31 was completed for the appointment. The clinical nurse manager has a broad background in aged care and has been in the role for eight years.</p>
<p>Subsection 2.2: Quality and risk</p>	FA	Reevedon Rest Home is implementing the organisational quality and risk

<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>management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The facility manager and clinical nurse manager lead and implement the quality programme.</p> <p>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. The service is implementing the organisations internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Reports are completed for each incident or accident with immediate action noted and any follow up actions(s) required, evidenced in the accident/incident forms reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical nurse manager or registered nurse and care staff. The clinical nurse manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings with meeting minutes displayed on staff noticeboards.</p> <p>Monthly staff meetings provide an avenue for discussions in relation to quality data; health and safety; infection control; complaints received; and education. Discussion with the clinical nurse manager and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery, the outcomes of which are shared within the staff meetings. Meeting minutes sighted evidenced that meetings are occurring as scheduled. Resident and family/whānau meetings are occurring as per schedule with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home and to have an opportunity to give feedback.</p> <p>Annual satisfaction surveys are held. The last resident and family/whānau satisfaction survey went out to residents and family/whānau in September 2024. The results are pending from head office.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date register was reviewed. Health and safety is discussed at staff meetings. Staff have completed training related to health</p>
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		<p>and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings.</p> <p>Discussion with the clinical nurse manager confirmed their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31s required in 2024 thus far. There has been no requirement for any notifications to the Health Quality and Safety Commission (HQSC) since July 2024. Notification related to the last outbreak was confirmed as being sent appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Rosters implement the staffing rationale set out in policy. The facility manager works full time from Monday to Friday sharing the week across the facility and a neighbouring Presbyterian Support Central care home in Levin. The clinical nurse manager works part time (Monday to Thursday). After hours clinical support is first accessed via the registered nurse at the neighbouring care hospital. If an issue must be escalated the clinical nurse manager is contacted at Reevedon Rest Home. The facility nurse manager is available 24/7. The clinical nurse manager creates the roster and distributes the senior caregivers over the morning and afternoon shifts. Staffing hours have recently been reduced in response to a decline in resident numbers. Separate cleaning 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.</p> <p>All laundry is managed at the neighbouring care facility. 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 they believe that staff numbers were adequate.</p> <p>There is an annual education and training schedule completed for 2024 and 2025. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes code of rights, the Eden Alternative Principles, informed consent, restraint, challenging behaviour, Pacific values, Māori health (values, beliefs, and end of life), pressure injury, and medication management. There is an attendance register for each training session and an individual staff member record of training electronically. Attendance records reviewed evidenced a high number</p>

		<p>of attendees at all training completed over the 2023-2024 period thus far. Educational courses offered include in-services, online, and competency questionnaires. There is at least one staff member on each shift with first aid training.</p> <p>All registered nurses and caregivers who administer medications have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. All but the newest care staff employees are on the pathway or have completed level two to four qualifications. The clinical nurse manager and registered nurse confirmed they are supported to maintain their professional competency.</p> <p>There are implemented competencies for registered nurses related to specialised procedures and treatments including medication, controlled drugs, manual handling, and emergencies. At the time of audit, there were three RNs trained to complete interRAI 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 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>	FA	<p>Five staff records reviewed (one registered nurse, and four caregivers) included evidence of completed orientation, training, competencies, and professional qualifications where required. There are job descriptions in place for all positions that include 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 caregivers to provide a culturally safe environment for Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. All staff who required an appraisal had evidence this had been completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best</p>	FA	<p>Five resident files including two residents on a YPD contract were sampled and identified that initial assessments and initial care plans were completed in a timely manner. Care plans were resident centred and included the appropriate Eden Alternative Principles including how the residents were to</p>

<p>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>be encouraged to participate in and drive their plan of care. The clinical nurse manager, registered nurse, and enrolled nurse are responsible for all resident's assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The residents on YPD contracts had interRAI assessments completed. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse and enrolled nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There is one GP who visits twice weekly and as required. Medical documentation and records reviewed were current. When interviewed, the GP was complimentary regarding the quality of care and clinical leadership. After hours care is provided by the contracted medical practice and the local public</p>
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		<p>hospital when needed. If a physiotherapist is required, a referral is completed. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there were no pressure injuries.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. The clinical nurse manager has devised a checklist for caregivers to ensure the correct protocol is adhered to for neurological observations. All neurological assessments completed in incident/accident forms reviewed were consistently completed as per protocol. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and pain.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and could outline their knowledge of the Eden Principles and how they embed these into resident care. Staff confirmed they have access to the supplies and products they require to meet resident needs. Staff receive a written and verbal handover at the beginning of each shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. One registered nurse has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p>

		<p>Medications were appropriately stored in locked cupboard in the medication room. The medication fridge temperature is monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medication was consistently documented in the electronic medication system and progress notes. There was one resident self-administering medications who had been appropriately assessed as being competent by the GP and had safe storage available in their rooms. There are 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>	FA	<p>The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents’ requests.</p> <p>There is a verified food control plan in place current to 23 January 2025. The residents and family/whānau interviewed were complimentary regarding the quality of the meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Reevedon Rest Home and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices.</p> <p>The current building warrant of fitness expires on 28 February 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 per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>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>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the board of directors. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and best practice. The infection control programmes are reviewed annually by the clinical director and quality advisory groups.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention related training was up to date with a high number of staff attending. Staff had received education in infection control at orientation and through ongoing online education sessions. Additional staff education around prevention and management of infectious outbreaks is ongoing. The training included reminders for hand hygiene and advice around ensuring residents remain in their rooms if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	<p>FA</p>	<p>Infection surveillance is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, with a monthly</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>collation and analysis of infections completed by the infection 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 handovers and staff meetings when residents have infections. The service receives regular notifications from Health New Zealand.</p> <p>The last Covid-19 outbreak was March 2024. Documentation reviewed pertaining to all aspects of the outbreak was reviewed. This included case logs, appropriate reporting and debrief meetings. Residents and family/whānau are regularly updated during outbreaks, Staff have received training including donning and doffing of personal protective equipment (PPE) and hand hygiene.</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. Policies and procedures meet the requirements of the standards. The clinical director is responsible for the restraint elimination strategy and for monitoring restraint use in the organisation.</p> <p>The designated restraint coordinator is a registered nurse and confirmed that the service is committed to a restraint free environment. The service has effective strategies in place to eliminate the use of restraint which include training and planning of care.</p> <p>At time of audit no restraint was in use or had been for an extended period. If restraint were to be considered this would be as a last resort when all other alternatives had been explored. Staff complete restraint minimisation training as part of their orientation for staff and annually through the education plan.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.