

# Sound Care Limited - Eltham Care Rest Home

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## Introduction

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

The audit has been conducted by The DAA Group Limited, 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:

<b>Legal entity:</b>	Sound Care Limited
<b>Premises audited:</b>	Eltham Care Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 19 November 2024    End date: 20 November 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	39

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Eltham Care Rest Home is certified to provide rest home and secure dementia care for up to 41 residents. There was one hospital level care resident in the facility with the appropriate authorisation for their residency. The facility is owned by Sound Care Limited and is managed by a facility manager who has experience in the aged-care sector, with the support of registered nurses. Residents and their whānau reported that the care provided is of a high standard.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand. The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, whānau, the owner/director of the organisation, managers, staff, and a nurse practitioner.

Strengths of the service, include a continuous improvement rating related to the recreation/activities programme of the facility. Improvements are required in the areas of external reporting, the competency and education programme, medication management, civil defence capability, and restraint education for the restraint coordinator and other staff.

## 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.

Staff and managers at the Eltham Care Rest Home, work 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.

There are processes in place to ensure that Pacific peoples can be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity are respected and supported. Principles of cultural safety, respecting Te Tiriti o Waitangi, are reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services were provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and people with disabilities.

Planning ensured the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

## 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 are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were 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.

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people within the secure dementia care unit and those with disabilities.

Staff are trained in emergency procedures and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

## 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 governing body ensures the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective cleaning and laundry services.

## 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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The service has implemented policies and procedures that support the elimination of restraint. No restraint has been used in the facility since 2019 and no restraint was in use at the time of audit. Should restraint be required, there is a comprehensive

assessment, approval and monitoring process for restraint requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

## 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	22	0	1	4	0	0
Criteria	1	161	0	1	5	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>Eltham Care Rest Home (Eltham) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Residents and whānau interviewed reported that staff respected their right to mana motuhake (self-determination), and they felt culturally safe. The service is Māori-centred, practising pōwhiri, karakia and mihi throughout the service. Tikanga is respected.</p> <p>Partnerships have been established with local iwi and Māori community organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers and this is used for residents who identify as Māori.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were in place, and there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	Eltham identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  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>safe practices for Pacific peoples using the service, and on achieving health equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>There were no Pasifika residents in the service, but policies, procedures and processes are in place to ensure that, should Pasifika residents be admitted, they would have their worldview, and cultural and spiritual beliefs, embraced. A Pasifika health plan is in place that has been developed with input from cultural advisers, and this can be used for Pasifika residents.</p> <p>Policy and procedures outline the service’s commitment to actively recruit and retain a Pasifika workforce. While there were no Pasifika staff in the Eltham service, there are Pasifika staff in the wider organisation who can be utilised should Pasifika support be required, including a Pasifika ambassador employed at another facility owned by Sound Care Limited (Sound Care).</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.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers’ Rights (the Code) was available and on display at Eltham in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Nationwide Health and Disability Advocacy Service (Advocacy Service) were available in the reception area in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>Staff interviewed at Eltham understood the requirements of the Code and were observed supporting residents in accordance with their individual needs and wishes. Whilst education for staff generally had not been completed (refer criterion 2.3.4), education on the Code was undertaken in 2024. Residents and whānau identifying as Māori confirmed that mana motuhake was recognised and respected.</p> <p>Eltham had a range of cultural diversity in its staff mix, and staff</p>

		<p>could assist if interpreter assistance was required. The service also had access to external interpreter services and cultural advisors, advocates and ambassadors employed by the service (e.g., for Māori and Pasifika) as required. Relationships had been established with local iwi (Te Runanga o Ngati Ruanui Trust) and local Māori communities to provide support for residents who identified as Māori. Support for Pasifika people was available through linkages into the local community and through a Pasifika ambassador employed by Sound Care.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they had received services in a manner that had regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual residents' needs during admission, care planning and at review. Residents and whānau (as applicable) confirmed that they were involved in the assessment process. The facility manager (FM), group clinical manager (GSM) and registered nurses (RNs) reported that residents are supported to maintain their independence by staff through planned care and daily activities. Examples of this included resident-led activities, and individualised mealtimes.</p> <p>Whilst there was a training programme in place at Eltham for 2024 which included training on Te Tiriti o Waitangi, cultural safety, maintaining professional boundaries, the aging process, diversity and inclusion, intimacy and sexuality, and training relevant to support for tāngata whaikaha, these had either not been delivered or had low participation rates (refer criterion 2.3.4). Staff were observed to maintain residents' privacy throughout the audit. Residents all had their own rooms.</p> <p>Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice. Te reo Māori and tikanga are promoted and practiced within the service. Staff attention to meeting tikanga needs of residents was evident in policies and procedures reviewed and this was observed during the audit with a pōwhiri, karakia and</p>

		mihi. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key information in the facility were in English and te reo Māori.
<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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected. Etham has good systems in place to ensure residents' finances are protected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and reported that any concerns would be acted upon. A strengths-based and holistic model of care was evident which included the use of Te Whare Tapa Whā model.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they always felt listened to. Information was provided in an easy-to-understand format, as well as accommodating different languages and text sizes for sight impaired people. Information was made available in te reo Māori. Staff understood the principles of open disclosure, which are supported by policies and procedures. Staff knew how to access interpreter services, if required.</p> <p>Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Residents' meetings were held monthly and meeting minutes verified satisfaction with services provided.</p> <p>Residents, whānau and staff reported the manager responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status or reported incidents/adverse</p>

		<p>events were communicated to whānau in a timely manner and these communications were documented in the resident's record. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA). Evidence was sighted of referrals and communication with other agencies involved in the residents' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions. Interviews with residents and whānau verified this. They felt empowered by staff at Eltham to actively participate in decision-making. The group clinical manager (GCM), RNs and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting of EPOA requirements and processes for residents unable to consent, were documented, as relevant, in the resident's clinical file.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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>Whilst no formal complaints have been received by Eltham, processes are in place to ensure a fair, transparent, and equitable system is available to receive and resolve complaints, leading to improvements. Informal (verbal) complaints are managed through a verbal complaints process, with the details and resolution documented. The processes in place meet the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>The service assured the process worked equitably for Māori by having information available in te reo Māori, having te reo Māori speakers available (should they be required), and by using tikanga appropriate for the complainant.</p>

		There have been no complaints received from external sources.
<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>The owner/director (director) of the service assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation included within the service. The director demonstrated expertise in Te Tiriti, health equity and cultural safety and has access to support to ensure changes to legislative and clinical requirements can be translated into policy and procedure documentation. External legal advice can be sought as required.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. Ethnicity data is being collected to support equity. Equity is also supported through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code and infection prevention and control, and bilingual signage). The director of the service interviewed felt well informed on progress and risks through the organisation's implemented communication pathways and through monthly management meetings (which the director attends).</p> <p>Eltham promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika. There is a Māori health plan in place that guides care for Māori, and a Pasifika plan to guide care for Pasifika. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. This was supported by</p>

		<p>interviews with residents and their whānau, the service’s director, managers, and with staff.</p> <p>The director of the service and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. Internal quality data collection (e.g., adverse events, complaints, infections, antimicrobial use, internal audits, and restraint use) is aggregated, and corrective actions completed where deficits are identified. A sample of facility reports and graphs showed adequate information to monitor performance is reported.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings, and there was evidence of discussion and documented response to matters raised from residents in meeting minutes sighted. Residents’ satisfaction surveys and general resident meetings showed satisfaction with the services provided. Residents and whānau interviewed also reported satisfaction with services when interviewed.</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) rest home and secure dementia care services. There was one resident in the service who was being provided hospital level services; a dispensation from Te Whatu Ora was in place for this resident. The service also has contracts with Te Whatu Ora for the provision of long-term support-chronic health conditions (LTS-CHC), and short-term care (respite) dementia care. Contracts with Whaikaha for residential disability were aimed at the care of younger people with disabilities. The service also has a contract to provide services through the Accident Compensation Corporation (ACC). Thirty-nine (39) residents were receiving services during the audit; 22 were receiving rest home services (two under LTS-CHC contracts), one hospital level services (as noted above), 14 secure dementia care services (one funded under an ACC contract), and two under Whaikaha contracts. There were no residents receiving services under the respite contract.</p>
Subsection 2.2: Quality and risk	PA Low	The organisation has a planned quality and risk system that reflects

<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>the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards and clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities, compliments and complaints, resident and whānau feedback from meetings and the satisfaction survey, and policies and procedures. Internal audits are completed, with corrective actions identified and addressed.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified inequities and the service worked to address these. Delivering high-quality care to Māori residents is supported through relevant attention to tikanga, and access to cultural support roles internally and externally. All residents and their whānau have input into quality review of the service through care planning, satisfaction surveys and meetings.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies are documented and implemented.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>Notification of significant events has taken place; however, these are not always sent to the appropriate authority (refer criterion 2.2.6).</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</p>	<p>PA Moderate</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. A</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. Registered nurse (RN) hours were sufficient for the complexity of the service.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values to ensure services are delivered to meet the needs of residents. Descriptions of roles covered responsibilities and additional functions, such as holding an infection control (IC), restraint, privacy officer, or health and safety portfolio.</p> <p>While continuing education is planned on an annual basis and includes mandatory training requirements, the programme has not been delivered as per the documented programme (refer criterion 2.3.4) or has had low attendance rates in some areas. Requirements for related competencies were documented; however, not all competencies have been completed annually as required (refer criteria 2.3.3).</p> <p>Care staff working in the secure dementia care unit have either completed, commenced, or were in the process of enrolling in the New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Nine staff work regularly in the secure dementia care unit; five have completed the required qualification for the service; of the remaining four, two have commenced the qualification and two are to be enrolled. On the rosters sighted, there was always one staff member on duty who had completed or was enrolled in the NZQA education programme.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</p>
<p>Subsection 2.4: Health care and support workers</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of</p>

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>five staff records reviewed confirmed the organisation's policies are being consistently implemented. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Police vetting and reference checking were in place. Job descriptions were documented for each role across the organisation. The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>Staff reported that the induction and orientation programme prepared them for the role, and evidence of completed orientation was seen in files reviewed. Opportunities to discuss and review performance occur annually. This was confirmed by documentation seen in the staff files reviewed and by staff interviewed who described the process as useful for them, allowing them to set their own career and education goals.</p> <p>There were staff wellbeing policies in place and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Eltham maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Resident and staff information was mostly held electronically, and this was username and password protected. Electronic and any paper-based records were held securely and only available to authorised users, and access to residents and staff was limited dependent on the role of the person in the service. Data collected included ethnicity data for residents and staff.</p> <p>Residents' files reviewed were integrated. All the necessary demographic, personal, clinical and health information required was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current</p>

		<p>documentation standards. Consent was sighted for data collection.</p> <p>Files for residents and staff were being held and archived safely and securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Eltham is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and their whānau. Related data is documented and analysed, including decline rates for Māori.</p> <p>Files reviewed of residents admitted to the secure dementia care unit had an activated EPOA in place and a specialist's authorisation that the resident required admission into a secure unit.</p> <p>Eltham has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers and other organisations by contacting Te Runanga O Ngati Ruanui Trust or the local Te Whatu Ora. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Eltham, a number had requested another provider to manage their medical needs, and this had been facilitated.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, interRAI assessment, long-term care plan and review timeframes meet contractual requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participated in service development through residents' meetings and satisfaction surveys. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and their whānau can independently access information.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identify individual interests and</p>

<p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori. This was an area of excellence for residents in the facility and for their whānau (refer criterion 3.3.1).</p> <p>A diversional therapist implements and oversees the programme, including the programme provided in the secure dementia care unit.</p> <p>Residents at Eltham are enabled to participate in community activities or events that they choose. Community groups regularly visit the facility to provide recreation activities (including music and kapa haka). Feedback on the programme is provided through resident meetings and satisfaction surveys. Residents' meetings are held regularly, and residents and whānau from the secure dementia unit attend residents' meetings. Meeting minutes and satisfaction surveys were sighted and evidenced overall satisfaction with the service. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. At the medication round, it was observed that the medication being administered, from the medication blister pack, was not consistent with the day of the week (refer criterion 3.4.3).</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies</p>

		<p>or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>While no residents at the facility were self-administering medication, there were processes in place to ensure this could be facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu was reviewed in May 2023 by a qualified dietitian. All recommendations have been incorporated into the menu and signed off by the dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ministry of Primary Industries. The food control programme period of certification extends from May 2024 through to June 2025.</p> <p>Each resident has a nutritional assessment on admission to the facility. These were updated every six months or as required. Personal food preferences, food sensitivities, any special diets and modified texture requirements are accommodated in the daily meal plan. Menu options such as boil ups, hangi and rēwena bread are available to Māori residents, as well as specific foods for other cultures. Residents have the choice of a cooked breakfast every day. Residents could choose their time preferences to eat their meals. Snack food and drink options were available 24 hours for residents. Observation at mealtime verified that residents were given sufficient time to eat their meals. Assistance and monitoring were also provided to ensure dignity to residents who required this service.</p> <p>Evidence of levels of resident satisfaction with meals was verified</p>

		by residents and whānau interviews, through satisfaction surveys and resident meeting minutes.
<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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. This was evident in a resident's file review. The RN's regular contact with whānau was well documented.</p> <p>Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident's file.</p> <p>Prior to transfer of the resident back to Eltham, staff engaged with the hospital to ensure all relevant information for ongoing care of the resident was communicated and documented. The resident interviewed reported being kept well informed and supported by staff during the recent transfer from the acute facility to Eltham.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need was identified.</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>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There are external areas within the facility for leisure activities with appropriate seating and shade, including in the secure dementia care area. The garden associated with the secure dementia care area was safe and secure for residents in the service.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including smaller private spaces. Lounge and</p>

		<p>dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi was available for residents and whānau to use, and access to equipment needed by tāngata whaikaha enabled.</p> <p>Rooms were personalised according to the residents' preferences. The room for the resident requiring hospital level care allowed space for the use of moving and handling equipment as needed. All rooms have a window allowing for natural light, with safety catches for security. The facility is heated via radiators from a gas boiler, heating levels can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells, and these were noted to be near to residents when they were in their rooms. Call bell monitoring is part of the internal audit schedule.</p> <p>The building has a building warrant of fitness which expires on 1 May 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and where deficits were found, corrective action had been documented.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>No new buildings are planned at the current time, although should this change in the future, the director is aware of the need to consult and co-design with Māori to reflect the aspirations and identity of Māori.</p>
Subsection 4.2: Security of people and workforce	PA	Disaster and civil defence plans and policies direct the facility in its

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>Moderate</p>	<p>preparation for disasters and described the procedures to be followed. Staff have received relevant information and training to respond to emergency and security situations and those interviewed were able to describe what to do in a fire or civil defence emergency. There was a first aid certified staff member on duty 24/7 on the rosters reviewed.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 30 June 2010. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. The plan considers the special needs of tāngata whaikaha and those residents in the secure dementia care unit. A fire evacuation drill is held six-monthly; the most recent drill was on 16 August 2024.</p> <p>There are some supplies available for use in the event of a civil defence emergency, but these are not sufficient to meet National Emergency Management Agency requirements (refer criterion 4.2.7).</p> <p>Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells and this was observed during the audit.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to</p>	<p>FA</p>	<p>Eltham has a suite of infection prevention and control (IPC), and antimicrobial stewardship (AMS) policies outlined in its policy documents. The IPC and AMS programmes were appropriate to the size and complexity of the service. The governing management team has approved them, they are linked to the quality improvement system and reported on monthly. Monthly reports to the management team and the director of the organisation (who is also a RN) reflected the reporting of IPC and AMS information; they provide information on planned IPC and AMS quality activities and</p>

<p>relevant issues of national and regional concern.</p>		<p>any corrective actions arising from deficits identified. Significant events were reported immediately.</p> <p>Infection prevention (IP) and AMS were being supported at governance level through an infection control nurse (ICN), who is a RN and who makes sure that IP and AMS are being appropriately managed. Expertise and advice were available as required following a defined process, and this also includes escalation of significant events. Data on infections and antimicrobial use included ethnicity data to support equity in IPC and AMS programmes, and this was reported at governance level.</p> <p>When clinically indicated, clinical staff at Eltham can access IP and AMS expertise through the NP, local Te Whatu Ora IPC nurse specialists, and Regional Public Health.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. Cultural advice was accessed during the development of the IPC policies and programme. Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>The FM is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Staff at Eltham were familiar with IPC policies through education during orientation. Infection prevention and control education had not, however, been provided over the past 12 months (refer to criterion 2.3.4). Individual-use items were discarded after being used. Staff who identify as Māori and speak te reo Māori can provide IP infection advice in te reo Māori if needed for Māori accessing service. There were educational resources available in te reo Māori.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal</p>

		protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Residents and their whānau were educated about infection prevention in a manner that met their needs.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Eltham has a documented AMS programme, appropriate to the size, scope and complexity of the service, which sets out to optimise antimicrobial use and minimising harm. The AMS had been approved by Sound Care support office and is overseen by the group infection prevention RN and the IP coordinator at Eltham. Responsible use of antimicrobials was promoted. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use to inform ongoing antimicrobial prescribing in the service.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report included a summary of surveillance activities and areas for improvement. The report is shared with the Sound Care governance team, facility manager and staff, at the monthly staff meeting.</p> <p>A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and residents experiencing a health care-associated infection (HAI) is culturally safe.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment at Eltham supports prevention of infection and transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas. There was a sluice available for the disposal of soiled water/waste. Hand washing facilities, cleansing gel and soap dispensers were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and resident satisfaction survey, and these were sighted. Staff involved were observed to carry out their duties safely.</p> <p>Residents and family reported that the laundry is managed well, and the facility, communal and person spaces, are kept clean and tidy. This was confirmed through observation.</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>PA Moderate</p>	<p>Maintaining a restraint-free environment is the aim of the service, and this is documented in the policy and procedure in place to guide restraint. The director and management team demonstrates commitment to this, supported by the FM at operational level. Eltham has been restraint-free since at least 2019; At the time of audit no residents were seen to be using a restraint. Any proposed use of restraint would be reported to the director of the service and the senior clinical management team immediately. Restraint is reported monthly (even if nil) at facility, management and governance level.</p> <p>Staff in the service have not been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. In addition to this, the</p>

		<p>restraint coordinator (who is a RN) has not had any specific training in restraint and its processes (refer criterion 6.1.6).</p> <p>The restraint coordinator, along with the nurse/general practitioner, is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability; all restraints would be as a last resort and when all other strategies had been ineffective. Whānau/EPOA would be involved in decision-making.</p> <p>Given there is no restraint in the service, subsections 6.2 and 6.3 have not been audited.</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 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>Essential notifications have been made to Manatū Hauora and the Health Quality and Safety Commission – Te Tātū Hauora (Te Tātū Hauora) for the change of FM, a regional power outage, a pressure injury, and two instances of behaviours that challenge. The notifications for the change of FM, a regional power outage, and a pressure injury (made in April 2024) were made appropriately to Manatū Hauora; however, the notification in relation to the two instances of behaviours that challenge were notified to Te Tātū Hauora when they should have been made to Manatū Hauora. Discussion with the director of the service and management staff (six) showed that the reporting requirements were not well understood at facility management level.</p>	<p>Compliance with statutory and regulatory obligations in relation to essential notification reporting were not well understood at facility level; notifications meant to be sent to Manatū Hauora were sent to Te Tātū Hauora.</p>	<p>Provide evidence to show that the manager at the facility understands and complies with essential notification reporting.</p> <p>90 days</p>

<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA Moderate</p>	<p>A programme is in place that describes competencies to be completed annually. Competencies in medication management, syringe driver (for RNs), first aid, and moving and handling had been completed. However, other competencies required from the programme had either not been delivered or had been completed in only small numbers (e.g., blood sugar level management – one staff member, warfarin management – one staff member).</p>	<p>Not all competencies are being completed annually as per the competency schedule.</p>	<p>Provide evidence that competencies are being completed annually as per the competency schedule.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>An education programme is in place that covers all aspects of the Standard and the provider's contracts with Te Whatu Ora and this is recorded. Education in relation to the Code of Rights, fire and emergency management, chemical safety and neurological observation had been delivered with sufficient numbers of staff attending. Education on the rest of the programme had either not been delivered (e.g., infection prevention and control/outbreak management, management of behaviours that challenge, restraint, support for tāngata whaikaha, intimacy and sexuality, care planning and management of EPOA/advanced directives) or had been completed in only small numbers (e.g., cultural safety (11), abuse and neglect (7), the aging process (10), privacy and dignity/choice/advocacy (8), complaints and open disclosure (8), health and safety (9). Of the education recorded on the education record, eight staff had attended zero to five education sessions, ten had attended six to ten</p>	<p>Education is not being facilitated as per the education schedule, resulting in some of the required education not being delivered or, when delivered, it is not being attended in sufficient numbers.</p>	<p>Provide evidence that the education schedule is being delivered as per the programme and that sufficient numbers of staff have attended education sessions.</p> <p>90 days</p>

		education sessions and eleven more than ten.		
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>Etham ensures that there are sufficient staff who have been assessed to manage all components of medication management. However, medication administered to a resident over a three-day period was not managed in a safe manner. The medication was administered from a blister pack that was not consistent with the correct day of the week; medication prescribed for Monday was given on Sunday, medication prescribed for Tuesday was given on Monday, and medication prescribed for Wednesday was given on Tuesday. The staff interviewed in relation to this did not understand that this was not good medication management practice.</p>	<p>Medication administered was administered from an inappropriate blister pack and may not have contained the prescribed medication. Staff were unaware that this was not good medication practice despite having completed medication competency.</p>	<p>Ensure medication is administered from the correct medication blister pack for the day and time of administration. Provide evidence that the staff who administered the medication have completed a follow-up medication competency and are clear about their responsibilities when administering medication.</p> <p>30 days</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Moderate</p>	<p>The facility has a plan in place to manage operations following an emergency and/or civil defence event. There was sufficient food, water, and disposable crockery and cutlery available in the event of an emergency. A civil defence emergency box was available for staff to use; however, the stores inside the box were insufficient for use in an emergency. There were no tools (such as a crowbar, spade) or plastic bags for waste. There was only one torch available in the box and no spare batteries. There was no radio. The facility did not have anything in place to manage cooking if supplies were to be cut off (e.g., a</p>	<p>The service does not have alternative essential energy and utility sources available, in the event of the main supplies failing.</p>	<p>Provide evidence that alternative essential energy and utility sources are available, in the event of the main supplies failing.</p> <p>90 days</p>

		barbeque/hotplate and gas bottles). The facility did not have a generator or any agreements for the supply of one (though it is accepted that in the event of an emergency, access to this might be limited by terrain or the requirements of the civil defence authority for the region).		
<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	<p>PA</p> <p>Moderate</p>	<p>Education on least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques has not been delivered in 2024. Added to this, the RC, who is a RN, has not completed education relevant to the legalities and processes relevant to restraint use.</p>	<p>There has been no education on least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques for relevant staff. The RC has not completed education relevant to the legalities and processes relevant to restraint use.</p>	<p>Provide evidence that education on least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques has been delivered to relevant staff, and that the RC has completed education relevant to the legalities and processes relevant to restraint use.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Click here to enter text</p>	<p>In 2023, Eltham recognised that it lacked formal pathways and dedicated resources to integrate te ao Māori into residents' activities and care planning. Added to this, the activities coordinator required additional training and support to deliver culturally relevant activities to residents. Two projects were instigated to address the deficits identified.</p> <p>Project one:</p> <p>A change process was put in place to appoint a tāngata whenua ambassador and create a Māori Cultural Resource Manual with input from mana whenua to guide staff in implementing culturally safe care. The resource manual described the importance of cultural awareness for Māori and the key principles for culturally safe care for Māori. The resource discusses the Whare Tapa Whā model of care and has a number of karakia (for mornings, mealtimes, bedtime, for health and wellbeing, for funerals, and for new beginnings) that the staff can use. The karakia are in te reo Māori and English. Added to this, the resource includes discussion of tikanga, several waiata, and Māori stories and legends to promote understanding of te ao Māori. Tikanga for death and end-of-life care are described. Recipes and traditional foods are described, as are culturally relevant activities. Following this, the facility worked to establish partnerships with Māori</p>

			<p>organisations to support engagement, aided by the appointment of an FM who identifies as Māori and leads the programme. Partnerships have enabled the facility to more effectively utilise local knowledge to enhance services, and regular participation of Māori residents (and non-Māori residents) in local community events was demonstrated. Kaumātua also visit monthly, a kaumātua day was celebrated (with 90% participation from residents) and celebrations and activities specific to te ao Māori were provided in the recreation programme (Matariki, Māori Language Week, waiata sessions, and traditional crafting).</p> <p>Project two:</p> <p>An internal audit revealed that the newly appointed activities coordinator required additional training and support to deliver culturally relevant and individualised activities for residents with residents reporting that they needed a programme that was more engaging, meaningful and tailored to them. A project was initiated to improve the issue the facility had identified. The project looked at opportunities to provide training and professional development for the activities coordinator, which included engagement with a regional support group as part of membership of the New Zealand Society of Diversional and Recreational Therapists (NZSDRT), and programme development within the facility to meet resident requirements for their programme. The success of the programme was measured via resident feedback, resident participation tracking, and staff development (completion of the Health and Wellbeing Diversional Therapy course).</p> <p>The result of these two initiatives has been a steady rise in resident satisfaction rates related to cultural events in the facility, from 85% in July 2023 to 96% in June 2024. Over the period, resident attendance rates also increased from an average of eight residents per event to 14 residents per event.</p>
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End of the report.