

Experion Care NZ Limited - Greendale Residential Care

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Experion Care NZ Limited
Premises audited:	Greendale Residential Care
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 December 2024 End date: 18 December 2024
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	21

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

Greendale Residential care is an aged care facility located in Napier and owned by Experion Care NZ Limited. There are 24 rest home beds. At the time of the audit there were 21 residents.

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

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

This certification audit identified two shortfalls around neurological observations and the kitchen environment.

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.

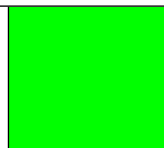


Subsections applicable to this service fully attained.

Greendale Residential Care provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.

Experion Care NZ has a documented organisational structure. Services are planned, coordinated and are appropriate to the needs of the residents. The clinical nurse manager oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational and clinical objectives which are reviewed on a regular basis. Greendale Residential Care has a business plan in place for 2024. Quality and risk performance is reported across meetings and to the organisation's support team. Greendale Residential Care collates clinical indicator data and comparison of data occurs. Benchmarking occurs monthly. There

are human resource policies including recruitment, selection, orientation and staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated.

Activities are planned to address the residents' needs and interests as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place.

There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating and shade. Resident rooms are spacious and personalised. Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly. Security of the facility is managed to ensure safety of residents and staff.

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


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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been no Covid-19 outbreak since the previous audits.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these 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.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. At the time of the audit the service had no residents using restraint. Restraint minimisation is included as part of the mandatory training plan and orientation programme.

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	25	0	2	0	0	0
Criteria	0	167	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Greendale Residential Care is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau, as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible.</p> <p>At the time of the audit there were Māori staff at Greendale Residential Care. The Māori health plan and business plan documents the commitment of Greendale Residential Care to build cultural capabilities, partnering with Māori, Health New Zealand, and businesses to align their work with and for the benefit of Māori. Experion Care has a cultural advisor that advises the Board on matters to ensure equity. Greendale Residential Care has links with the local Pukemokimoki Marae and Health New Zealand cultural advisor who provide guidance and support for Māori peoples.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Greendale Residential Care has a Pacific people’s policy and ‘Health of Pacific peoples in Aotearoa is everyone’s business’ policy which notes the Pacific worldviews and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aim to uphold the cultural principles of all residents and to provide an equitable service for all.</p> <p>There were no residents who identified as Pasifika, however the clinical nurse manager stated if there were Pacific residents, then their individual cultural beliefs would be documented in their care plan. There is a process to gather ethnicity information and Pacific people’s cultural beliefs and practices during the admission process, which would then be entered into the residents’ files.</p> <p>There were staff employed who identified as Pasifika at the time of the audit. The service has links with pacific community groups who can provide guidance and support for Pacific peoples when required. Interviews with eight staff (four healthcare assistants, one registered nurse (RN), one chef, one maintenance person and one diversional therapist) identified that the service provides person-centred 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.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents, enduring power of attorneys (EPOA), family/whānau or their representative of choice are consulted in the assessment process to determine residents’ wishes and support needs when required. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager and RN discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. One family/whānau and four residents interviewed stated that the service respects residents’ rights.</p> <p>Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and</p>

		<p>Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. Church services are held. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services.</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>The Greendale Residential Care annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency. It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and family/whānau. An intimacy and sexuality policy is in place, with training as part of the education schedule.</p> <p>Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility at the time of the audit. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with residents and family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are</p>

		identified, church services are held, and spiritual support is available.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised. The Māori health plan and business plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. Staff understand their responsibilities around reporting abuse and neglect. There are educational resources available online. Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training. The education sessions provided encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they encounter.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources and the house rules. Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork. Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the clinical nurse manager, RN and healthcare assistants (HCAs) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The philosophy of Greendale Residential Care promotes a holistic strength-based model of care that ensures equitable wellbeing</p>

		outcomes for Māori, as evidenced in the care plans reviewed.
<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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Eleven accident/incident forms reviewed identified family/whānau are kept informed; this was also confirmed through the interviews with family/whānau. Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak and understand English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents, family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>There is information available to residents and family/whānau related to rest home and hospital levels of care. The service communicates with other agencies that are involved with the resident, such as Health New Zealand specialist services (e.g., physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults and pharmacist). The clinical nurse manager described an implemented process around providing residents with support and time for discussion around care and opportunity for further discussion, if required. There was documented evidence that family/whānau are invited to care planning and reviews. Residents (five) and family/whānau (two) interviewed confirm they know what is happening within the facility through emails and phone calls and felt informed regarding events or other information. Bi-monthly residents' meetings occurred as planned since the last audit. Staff have completed annual education related to communicating effectively with residents' who have cognitive disabilities.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Code of Rights. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid - 19 and flu vaccinations were also on file, where appropriate.</p> <p>Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p> <p>Admission agreements had been signed and were sighted on the six files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment were 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>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The clinical nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. There were two complaints documented since the last audit both were made in 2024 year to date. There were no complaints from external agencies. Several compliments were recorded throughout the year 2023 and 2024 year to date. Complaints documentation including follow-up letters demonstrate that the complaints process is in accordance</p>

		<p>with guidelines set by the Health and Disability Commissioner (HDC). The complaints register evidenced complaints can be allocated a theme and a risk severity rating. The clinical nurse manager stated they are confident in investigating and providing of a root cause analysis should they receive serious complaints.</p> <p>Family/whānau confirmed during interview the clinical nurse manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori (when required) in the complaints process. Interpreters contact details are available. The clinical nurse manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Experion Greendale is an aged care facility located in Napier and owned by Experion Care NZ Limited. There are 24 rest home beds. At the time of the audit there were 21 residents including four residents on long-term support–chronic health condition (LTS-CHC) contracts. All other residents were under the aged related residential care (ARRC) agreement. There is one double room which was being used for single occupancy at the time of the audit.</p> <p>Greendale Residential Care has a business plan for 2024 in place, which links to the organisation’s, vision, mission, values, and strategic direction, as documented in the Experion Care NZ organisational business plan for 2022-2025. Clear specific business clinical and operational goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Greendale Residential Care business plan was reviewed in November 2024. The executive team (two directors and clinical governance advisors) meets quarterly. The executive director (owner) has owned the</p>

	<p>facilities since 2015. The executive director is supported by an independent director based in New Zealand with experience as a statutory supervisor for retirement villages. Both have equal authority and oversee operations of the care homes. The directors are supported by the accounts and business team, which comprises of a person overseeing human resources (based in India), and a business manager (based in United Arab Emirates). The executive team has completed cultural support training that ensures cultural competence.</p> <p>The directors have extensive business experience and understand their responsibility in the implementation of Health and Disability Services Standard. The independent director and clinical governance advisor (interviewed) explained their commitment to Te Tiriti obligations and to deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope and review section of the business and quality and risk management plan. The Māori health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. There is a Māori cultural advisor to the executive team (governance body) that provides tikanga support.</p> <p>Clinical governance is provided by a clinical governance committee (CGC) that includes clinical members, the national quality lead and two clinical governance advisors. They meet monthly and the CGC is chaired by one of the clinical governance advisors. There is a documented term of reference. There is a monthly CGC report (meeting minutes sighted) on quality and risk data and a narrative from each care home. The report is generated from monthly managers meetings, discussions with managers, and data extracted from the electronic management system. The CGC reports are presented at quarterly Experion Care Board (executive) meetings by the clinical governance advisor, with recommendations of actions required. The monthly clinical benchmarking reports are also discussed at the Board meeting. Clinical information, actions, improvements and communications arising at the Board meetings</p>
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		<p>are cascaded to managers by the clinical governance advisor.</p> <p>The clinical nurse manager has been in the role since May 2021 and is supported by a part time RN and experienced care staff. She oversees the implementation of the business strategy; quality plan and clinical oversight is provided by the clinical governance advisor. The clinical nurse manager is also supported by the executive director (who was present for the second day of the audit), national quality lead and two clinical governance advisors.</p> <p>The clinical nurse manager has completed more than eight hours of professional development in the past year, including health and safety, dementia and Te Tiriti O Waitangi.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Greendale Residential Care is implementing a quality and risk management programme. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training. Staff have completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through monthly staff/quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Staff/quality meetings take place as planned to address service improvements. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom. There is an internal audit schedule to monitor clinical and non-clinical performance. All internal audits were completed with results discussed/provided to staff. Corrective actions were completed for any internal audits not fully compliant.</p> <p>Quality data analysis includes ethnicity and occurs to ensure a critical analysis of Greendale Residential Care practice to improve health equity. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Experion Care</p>

	<p>NZ have adopted the quality system and policies developed by an aged care industry leader. The national quality lead role is responsible for documentation control of quality documentation for the group. It is each clinical nurse manager's responsibility to provide document control that is site specific. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies. The communication policies document guidelines for tāngata whaikaha to have meaningful representation through quarterly resident and family/whānau meetings, complaints management system and annual satisfaction surveys. Residents' meetings occur bi-monthly and a resident and family/whānau satisfaction survey was completed in 2024 which indicated positive results around the overall service and care being provided.</p> <p>The clinical nurse manager has an open and transparent management process that includes regular correspondence to family/whānau, either when they visit the facility or through regular emails, as evidenced through family/whānau interviews. A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register is in place, last reviewed on 1 November 2024. The noticeboard in the staffroom, keeps staff informed on health and safety issues. Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is logged and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed (witnessed and unwitnessed falls and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking activities occur by doing comparisons between months. Monthly internal benchmarking between facilities occurs and is completed by the clinical governance advisor. Results are discussed at monthly CGC meetings, quarterly Board meetings and in the staff/quality meetings.</p> <p>Discussions with the clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications, no SAC reporting and no documented outbreaks reported since the last audit.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care and support. The clinical nurse manager is available full time from Monday to Friday. The clinical nurse manager is on call 24/7 with the clinical nurse manager from a nearby Experion Care NZ facility providing cover when the clinical nurse manager is unavailable. The clinical nurse manager is supported by a part time RN, who works two days, Tuesday and Friday at Greendale Residential Care and two days, Wednesday and Thursday at the nearby Experion Care NZ facility.</p> <p>The number of healthcare assistants (HCAs) is sufficient to meet the care needs of the current residents. Absences can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff, residents and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Staffing requirements and occupancy are discussed as part of the staff and quality meetings. There are separate cleaning staff, and HCAs assist with laundry duties.</p> <p>There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics. There is a training schedule and plan in place for 2024. Training and education is provided monthly and includes online training modules. The clinical nurse manager and RN meet their training requirements through Health New Zealand training. The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training in September 2024. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view, equity, identify barriers to care, clinical bias, Pasifika models of care and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities. All HCAs and casual staff are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), and moving and handling.</p>

		<p>A record of completion is maintained. Medication competencies are completed annually. There are two RNs (including the clinical nurse manager) and both are interRAI trained. There are eleven HCAs employed. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Seven HCAs have obtained either a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate and give feedback at regular staff meetings, staff satisfaction surveys and performance appraisals. Staff interviewed stated the clinical nurse manager has a transparent process when making decisions that affects staff. Results from the staff survey evidence a positive workplace environment.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Five staff files reviewed (one clinical nurse manager, one RN, one maintenance person and two HCAs) evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal policy and appraisal schedule as part of human resources and employment policies.</p> <p>All staff who had been in employment for more than 12 months had an annual appraisal completed. 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 staff to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>

		Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff on safe return to work following an injury.
<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>	FA	<p>All paper-based files and documentation are stored securely. Any electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures are available and include the name and designation. Organisation related documents that are not in use are securely stored. The clinical nurse manager is the privacy officer for Greendale Residential Care and has to approve request for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, 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>	FA	<p>A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical nurse manager (CNM) and registered nurse (RN) interviewed reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this and other options or alternative services. The resident and family/whānau are referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p>

		<p>The service has a process to combine a collection of ethnicity data from all residents and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service works to increase links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p> <p>The CNM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Six resident files were reviewed, including two for residents funded through the long-term chronic health conditions contract (LTS-CHC). The registered nurse and clinical nurse manager are responsible for conducting all assessments and for the development of care plans. Initial assessments, interRAI assessments and long-term care plans were all completed within the required timeframes.</p> <p>Initial assessments and long-term care plans were completed for all residents, detailing needs, and preferences. Each care plan was reflective of assessment outcomes, and individualised. InterRAI assessments had been completed for all residents.</p> <p>Documented early warning signs meet the residents' assessed needs. 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. The two LTS-CHC funded resident files reflected specific needs of those residents and included community links.</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 RN. 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 RN or CNM and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed</p>

	<p>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 supports Māori and whānau to identify their own pae ora outcomes in their care plan. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Residents and family/whānau interviewed reported that the interventions that occurred and developed were appropriate and effective. All assessment tools included consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident's files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health and wellbeing of the residents.</p> <p>The GP visits the service two weekly, and routine three-monthly reviews were completed within the timeframe, as well as additional prioritised medical visits. On call is available through the GP practice. Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP was not available for interview.</p> <p>Assessments completed informed the development of residents' person-focused care plans. The goals sampled in the care plans reflected identified residents' strengths and aspirations that aligned</p>
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	<p>with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans.</p> <p>Staff interviews and a witnessed hand over evidenced that sufficient and appropriate information was shared between the staff at handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed at least daily, and more often, if there were any resident health condition changes. A multidisciplinary approach promotes continuity in service delivery, including the GPs, registered nurses, physiotherapists, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the CNM, GPs, and registered nurse, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; blood glucose monitoring; behaviour monitoring charts; bowel charts; and food intake and output charts. Neurological observations are not consistently fully completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>At the time of the audit, there were three residents with four active wounds between them. All wounds were documented on a log, all four wounds reviewed included a wound assessment, management plan and timely evaluations.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The CNM reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. Residents at the service of Māori descent have chosen not to practice their culture, as indicated in their care plans and reported by staff. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and</p>
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		spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.
<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>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>	FA	<p>The service employs a qualified diversional therapist (DT) who plans and leads activities over five days a week.</p> <p>A monthly planner is developed, and each resident is given a copy. Daily activities are noted on noticeboards to remind residents and staff.</p> <p>The activity programme is a collaborative effort, formulated by the DT and produced in discussion with the residents. Residents provide feedback via regular resident meeting and one on one feedback. This ensures that the activities are varied and appropriate for residents' assessed needs, including cultural needs.</p> <p>The residents participated in activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities on the respective planners included quizzes; bingo; memory games; table games; sing-along; painting; card games; movies; bingo; baking; scrabble; exercises; and community activities. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives for all residents (as appropriate) weekly.</p> <p>The DT reported that opportunities for Māori and family/whānau to participate in te ao Māori are facilitated through community engagements with traditional leaders and by celebrating religious and cultural festivals and Māori language week. Māori residents interviewed reported they are happy with the activity programme.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	FA	The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system describes medication prescribing, dispensing, administration, review,

<p>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>and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three-monthly medication reviews.</p> <p>A total of 12 electronic medicine charts were reviewed. Indications for use are documented for as needed medications, including over-the-counter medications and supplements on the medication charts. Allergies are documented, and all photos uploaded on the electronic medication management system are current. Eye drops are dated on opening. The effectiveness of PRN medications has been consistently documented in the electronic medication management system and progress notes.</p> <p>Medication reconciliation is conducted for new medications supplied and when a resident was transferred back to the service from the hospital or any external appointments. Medication competencies are current and completed in the last 12 months for all staff administering medicines. Medication incidents are completed in the event of a drug error, and corrective actions were taken. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures is conducted regularly, and deviations from normal are reported and attended to promptly. Records were sighted.</p> <p>A senior HCA was observed administering medications safely and correctly. Medications are stored safely and securely in the trolley and cupboards in a locked treatment room. Appropriate processes are in place to ensure residents who were self-administering medicines did so safely. There was one resident who self-administering medications. A self-medication policy is in place and is well implemented. There are no standing orders in use. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication, as noted on the day of audit.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. Appropriate support and advice would be provided by the GP as needed for Māori medication needs.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The chef reported that all food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires on 19 June 2025. A registered dietitian has reviewed the menu. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying dietary requirements, likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked; however, the work top needs repair. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori and these are offered to any residents who identify as Māori when required.</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>FA</p>	<p>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The CNM and RN oversee discharges and manages the process until exit. All this is conducted in consultation with the resident, family/whānau,</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>		<p>and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified.</p> <p>The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</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 Greendale Residential Care and comply with legislation relevant to services being provided. The current building warrant of fitness expires on 1 November 2025. The environment is inclusive of peoples' cultures and supports cultural practices. The service employs a full-time maintenance person who works from Monday to Friday (works alternate weeks at Greendale Residential Care and at the nearby Experion Care NZ facility). This role undertakes maintenance of the site, contractor management and oversight of gardening. Essential contractors such as plumbers and electricians are available 24 hours a day, as required. The annual planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Scales were last checked in July 2024 and electrical testing and tagging was completed in October 2024. Hot water temperatures are monitored monthly and any recordings outside of expected ranges had corrective actions undertaken.</p> <p>The service is on single level with a spacious main dining and lounge area that is located centrally adjacent to the kitchen. There are doors that open out to an outdoor deck from the dining and lounge area</p>

		<p>and has a ramp access to the gardens. The gardens and courtyard were well maintained and tidy. Seating and shade are provided. Residents can walk around freely throughout the facility and grounds. There are sufficient communal toilets situated in the vicinity of the main dining and lounge area, including a toilet for visitors. All the toilet areas have free-flowing soap and paper towels for handwashing. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet/shower facilities are easy to clean. There are comfortable looking lounges for communal gatherings and activities. There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible.</p> <p>At the time of the audit all rooms had single occupancy, there is one double room which was being used for a single resident. Resident rooms are large enough for easy movement with mobility aids. Each room has direct external access to the garden for the resident and their family/whānau to utilise as a quiet space. Residents can have personal items in their bedrooms. Each room is identified by the resident's name, that enables the resident to know their own room. There are communal bathrooms/showers located close to the resident rooms with privacy signage. Bathrooms/showers have handrails and call bells. All resident rooms have external windows to provide natural light and have appropriate ventilation and heating. External areas are safely maintained and were appropriate to the resident group and setting. The corridors are wide enough to enable mobility aids and fitted with handrails to encourage independent mobility. Residents were observed moving freely in their respective areas during the audit.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the clinical nurse manager advised that the service will liaise with local Māori providers and the cultural advisor to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the</p>

<p>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>event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 24 August 2007. Fire evacuation drills have been completed every six months since the last audit; with the last one completed 4 December 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored and checked six monthly; the last check completed in July 2024. In the event of a power outage, a BBQ is maintained should gas cooking be needed. The service has an agreement with a local provider for access to a generator in case of an emergency. There is sufficient water stored for ten litres per day for three days per resident with four ceiling and water storage tanks (2,700 litres in total) and additional boxed water in the civil defence cupboard.</p> <p>Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is always available in the facility and for resident van outings. There are call bells in the residents' rooms, studio rooms and ensuites, communal toilets, bathrooms, and lounge/dining room areas. Residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The service utilises security cameras at the main entrance, outside perimeters of the facility and in the laundry. Staff complete regular security and safety checks overnight. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is</p>

<p>to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>reviewed annually with policies updated by an external consultant. Infection control audits are conducted. Infection rates are presented and discussed at staff meetings. Infection control data is also sent to head office, where it is reported at national management meetings. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes and discussed antimicrobial use with the GP.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered vaccinations as required.</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 clinical nurse manager oversees infection control and the AMS programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The service has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation, planning and the management of outbreaks. There is ample personal protective equipment, with extra stocks available as required. There is a process to ensure rotation of stock and to check expiry dates.</p> <p>The infection control nurse has completed infection control education. There is good external support from the GP, and Health New Zealand infection control nurse specialist. The infection control nurse has input to purchasing supplies and equipment.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the external consultant and were last reviewed January 2024. Policies are available to staff.</p>

		<p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service incorporates te reo Māori information around infection control for Māori residents, Māori protocols are adhered to, and staff can describe these practices, acknowledging the spirit of Te Tiriti. The management advised if there were to be any changes or major refurbishments planned, there would be input from infection control.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional infection control training and Covid-19 management. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes through a monthly multidisciplinary meeting. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are collated monthly and reported to the staff meetings, as well as the national clinical governance committee. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection</p>

<p>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>summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed staff meetings and sent to the national clinical governance committee. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There has been no reported outbreaks since the last audit. The facility has a documented pandemic plan and Covid-19 Response Framework. The infection control nurse explained staff are well trained to respond rapidly. Families/whānau are kept informed by phone or email as needed.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a secure cupboard on the cleaning trolley and the trolley is stored in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing appropriate personal protective equipment (PPE) as they carried out their duties on the days of audit. Eye protection (goggles and face shields) is available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The sluice rooms have a sanitiser for the disposal of soiled water or waste.</p> <p>All laundry is undertaken on site by the healthcare assistants. Cleaning and laundry services are monitored through the internal auditing system. Results and corrective actions are reviewed and monitored by the clinical nurse manager (infection control). Residents and family/whānau interviewed were satisfied with the standard of cleanliness and laundry services.</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>The service has a current restraint policy in place, with the objective to maintain a restraint-free environment. At the time of the audit, no resident was using a restraint. Documentation confirmed that restraint was discussed at staff meetings and is included in the reports in the senior management/ clinical governance committee.</p> <p>The policies and procedures reviewed meet the requirements of the standards. The registered nurse is the restraint coordinator who provides support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme. The commitment to staff training is ongoing. In the last year, all staff have completed annual training on de-escalation and managing challenging behaviour.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all</p>	PA Low	Resident care is evaluated on each shift and reported at handover and in the progress notes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. Neurological observations are not consistently fully completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.	Neurological observations were not consistently documented for six of ten unwitnessed falls reviewed.	<p>Ensure that neurological observations are completed as per the policy.</p> <p>90 days</p>

<p>settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.5.6</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal shall comply with current legislation and guidelines.</p>	<p>PA Low</p>	<p>The kitchen and pantry were clean, tidy, and well-stocked; however, the work top needs repair.</p>	<p>The work top in the kitchen is heavily marked, this has affected the integrity of the surface and is an infection control risk.</p>	<p>Ensure the kitchen work top is suitable for 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, 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.